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EDITORIAL COMMENT

THE INTERSTATE SECRETARY

adda Edridge

The appointment of an interstate secretary to travel over the country to promote the interests of the American Nurses' Association, THE AMERICAN JOURNAL OF NURSING and the National League of Nursing Education, will be made in the early fall. Already requests for the attendance of such a secretary are being received and associations or schools for nurses desiring her presence at their fall or early winter meetings are requested to make their decision as to dates as early as possible. Requests are already in hand from Oklahoma, Louisiana, Virginia, Georgia, Florida, the District of Columbia, etc., which lead us to think that her first trip will be through the west and southwest. Such an itinerary is difficult to plan and requires ample time for correspondence back and forth. One tedious piece of work which such a secretary has to perform is to study the various railway routes of the country in order to prevent retracing and duplication of travel which would add greatly to the expense of all concerned and would lead to unnecessary fatigue and loss of time.

The important topics which this secretary will be prepared to discuss with the associations will be: First, the reorganization of the national society, in all its detail. While many of the states are doing splendid work along these lines, in others the assistance of the representative of the national boards will be most welcome. Second, while it is hoped that the survey of the nursing resources of the country will be well under way when the interstate secretary starts forth, she will be prepared to give advice in regard to this where it is needed. Third, she will explain the relationship of the official organ of the American Nurses' Association—THE AMERICAN JOURNAL OF NURSING, to all of this public work, showing what it needs from the nursing body for its literary development and its financial support. Fourth, in pro-

moting the interests of the League she will outline methods of bringing about greater uniformity in the standards of admission, education, and registration in the schools of all of the states and especially will assist and advise in increasing training school facilities to meet the war demands.

The salary of this secretary is to be paid by the three organizations which she represents, but her travelling expenses are to be met by the associations or schools calling for her attendance. This arrangement is the same as was made for Miss McIsaac.

We want to suggest that in making plans for the coming of the interstate secretary, committees shall bear in mind the tremendous physical strain of the work and that they shall not, in their desire to be hospitable, make great demands upon her outside of her professional duties or require her attendance at formal receptions or banquets. Her interest and her business will be with the nurses of each community and her desire will be to give them all possible assistance in local as well as national nursing problems.

RANK FOR ARMY NURSES

We see, in the *British Journal of Nursing*, that the question of rank for nurses in military service is being agitated abroad, and we know that very recently, in this country, the College Equal Suffrage League of Washington, D. C., sent resolutions to the Secretary of War, asking that the rank of second lieutenant be conferred on American nurses serving with the army. We would remind our readers of the resolution passed by the American Nurses' Association at its last convention and sent to the Surgeon General, which reads as follows:

The American Nurses' Association, in convention assembled in Philadelphia, on this first day of May, 1917, would offer the following resolution:

WHEREAS, it is true that nurses who are responsible for the actual nursing of the patients in the military hospitals have no authority to regulate hygienic conditions therein; and

WHEREAS, this situation tends to discourage nurses from undertaking the work; and

WHEREAS, this is a danger to the hospitals' population; and

WHEREAS, it has been found essential in representative civil hospitals to place upon the nurses the responsibility of the care of the patients, the wards and operating room and the cleanliness and order pertaining thereto:

Therefore, be it resolved: that it is the sense of this meeting that the proper military authorities should be requested to specifically define the status of the nurse and confer upon her the authority necessary to control the situation, to the end that the general welfare of the sick may be promoted and a very grave danger to the well, averted.

While this resolution does not ask directly for rank, this is implied, for in order to place upon the nurse the responsibility for the care of the patients, army regulations would necessitate her being given an official status. Nurses have not allowed the lack of rank to interfere with their response to their country's need but we expect that before the war is over, such recognition will be given.

The last paragraph added to Miss Thompson's report of the Army Nurse Corps, in this issue of the JOURNAL, gives us to understand that some recognition, though seemingly inadequate, has been given this resolution.

NURSES AND FOOD CONSERVATION

We give below the reply of Miss Goodrich, president of the American Nurses' Association, to a request from Mr. Hoover that the necessity for conserving America's food supply be placed before the members of that association, and the pledge which she has made for the nurses of the country.

In answer to your letter of July 23d, requesting the coöperation of the American Nurses' Association in your effort to conserve America's food supply, I beg to state that we are taking the following steps:

Through our official organ, THE AMERICAN JOURNAL OF NURSING, which will convey your message to the organizations having membership in the American Nurses' Association throughout the United States, we will request that the question of food administration, if possible, be included in the program of every meeting and that speakers versed in the problem be obtained.

We will urge that all our members inform themselves thoroughly on the subject, in order that they may intelligently advise those to whom their professional services call them.

We believe that we can thus render a wide service in the effort for food conservation, while not interfering with the usual, and at this time, much-needed work of our members in the nursing field.

ASSOCIATION MEMBERSHIP SHOULD NOT BE DROPPED

A number of instances have been reported to us of nurses going out for service under the Red Cross who have resigned from their local or state associations for the period of their absence. Inasmuch as membership in the American Nurses' Association is necessary for Red Cross enrollment, we believe we are right in saying that continuance of such membership is necessary during service. We want to urge, also, that all JOURNAL subscribers who are leaving the country shall do, as many have already done, send in the additional fifty cents for foreign postage and have their magazine follow them. We cannot guarantee to supply back numbers for those who drop out, and nursing news will never be more welcome than when one is away from home. During this critical period of nursing in this country, this JOURNAL as the official organ of

our national association is the only one that will contain authentic records of the methods that are being followed by it to meet the war situation.

WORD FROM THE FRONT

The first reports which have come into this office from nurses who have gone out with the base hospitals serving in France are encouraging, showing as comfortable living and working conditions as could be expected in the war zone. We must remember, in reading these or personal letters, that they are all censored and that the information given must be of a very general nature and is therefore indefinite. It is comforting to those of us at home to know that our friends are taking so kindly to life at camp.

THE STANDING OF THE NURSE ANAESTHETIST

We are often asked whether or not it is legal for a nurse to give an anaesthetic. A judge of an appellate court in Kentucky recently rendered the decision that a nurse who gives an anaesthetic under the direction of a physician and who receives her remuneration from him is not practicing medicine. This decision will doubtless help to solve the question in other states.

"THE BATTLE HYMN OF THE REPUBLIC"

It is to be hoped that all our readers know who wrote the "Battle Hymn of the Republic." Certainly we know that the author was Julia Ward Howe and not Harriet Beecher Stowe. Why the latter should have been given credit for the poem in last month's JOURNAL we do not know, nor can we explain how the mistake went through several sets of hands in manuscript and proof without being discovered, probably it is the evidence of tired brains which failed to discriminate between two well-known names.

ALLOTMENT OF PAY BY ARMY NURSES

The Superintendent of the Army Nurse Corps, informs us that army nurses attached to base hospitals ordered to Europe may make official allotments of pay through the commanding officer to any person they may choose to designate, to be sent directly to the person designated, by the Quartermaster's Department.

We know that nurses have returned from Red Cross duty, without a penny, having spent it all on their patients. We believe this to be unwise and think, as a precaution, they should allot at least one half of their salary to some one here, to await their return. They may come back in need of a long period of rest and recuperation.

THE WORK OF THE RED CROSS IN THE EVENT OF WAR¹

By ELIOT WADSWORTH

Acting Chairman, Central Committee, American Red Cross

For twelve years, the American Red Cross has been planning, organizing and preparing for the very emergency in which this country now finds itself. As the official organization created by the Congress of the United States for volunteer help to the armed forces, the management has recognized the great responsibilities which would devolve upon the Red Cross in the event of war.

In these days of alarm and excitement, when the whole country is thinking of war and when at every cross road and in every railroad train the people are debating as to the extent to which the country is prepared, it is most fitting that the great nursing organizations of the country, at this convention which you have been holding, should think of the extent of the country's preparedness for the care of the sick and wounded. Here is the first step, the first thing we have done besides the loaning of money. We are sending over three hundred of these Red Cross nurses, whom we are all so proud of, and one hundred and fifty of the best doctors in the country, to help take care of the men over there who are fighting our battles. We can give no direct help in the fighting line for many months, but we can give help in this way. I hope that if necessary we will send unit after unit in order that this work may evidence in France, in England, in Russia and Italy, as the need grows greater, that we will do everything we can, even to sacrificing all of our best professional doctors and nurses and getting along here as best we may.

I saw some of those units that the Red Cross sent abroad, working. I spent a day or two at Kiev, in Russia, where we had a Red Cross unit, ten doctors and twenty-two nurses, taking care of a hospital with six hundred beds. They had brought out to the hospital one hundred and sixty cases at nine o'clock the night before, and five in the morning the day we arrived, and the morning after we arrived they brought sixty men out on street cars. Those who could sit up were in an ordinary car; those who were on stretchers were pushed into the side of an open car in two tiers, the way we push a bread pan into an oven. When they arrived at this old polytechnic school where this Red Cross unit was working, they had running water only in the cellar, and these devoted American women took them in hand, clipped their hair short,

¹ Read at the twentieth annual convention of the American Nurses' Association, April 30, 1917.

killed off any uncomfortable accompanying animals that they had, gave them a bath, for the first time, perhaps, in months, took their uniforms, in which they had lain in the trenches or in the hospitals, and then traveled for days on a hospital train, cleaned them as much as they could and put them away in bags. At last those men were put to bed, carried upstairs into wards, and perhaps for the first time in their lives they lay between two clean sheets in the most perfect comfort that they had ever enjoyed. It was a wonderful thing to see.

The head of the Russian Red Cross at Kiev told me at that time that eight thousand men had come in there on hospital trains. When you think that in two weeks those hospital trains had brought into Kiev as many men as we mobilized last summer to go to the border, and that those devoted doctors and nurses in the hospitals were giving every man a bath and putting him to bed, it makes you realize how tremendous a matter a modern war is. Think of the excitement we had in getting our men to the border last summer; and yet at one base hospital in Russia they would have handled that whole organization, mostly flat on their backs, in two weeks, have put them all to bed and given them a nice rest for two or three weeks besides.

Every one of our units, now, large and small, is recruited as far as possible from one hospital or another. That is, there is a mother hospital, and a large part of the personnel comes from that mother hospital; so that when they move in, as they may, into a hotel or a high school or a great field of tents, set up their beds, their operating tables, their sterilizers and spread out their equipment ready for work, they are almost the unit from which they start. Whereas if you threw twenty-five doctors, fifty nurses and twenty-five nurses' aids who had never seen each other before, from all parts of the country, into such conditions, you could not get any service comparable with what you would get from a unit that had worked together before, any more than you could from a football team or any other organization of a similar sort.

This work has been going on for a year. It is accelerated tremendously now and we hope to keep it going, ahead of any possible need that may arise, either in Europe or in this country. The foundation for it all is in the Red Cross organization, the Red Cross volunteer who is ready to serve, ready to give time, effort, money, to create these different pieces of machinery that we will all want to see. We are organizing the country, or rather the country at the present moment is organizing itself so fast that we can hardly keep up with it. We have, as you know, the chapter as the main foundation, and the chapter is simply a local committee in the community representing the local Red Cross members. The people in the community may form a chapter,

elect their own governing body, their own executive committee and their own officers, and have an almost autonomous Red Cross organization for that town or county or state.

There are now five hundred and forty-two Red Cross organizations, on all of whom we can rely for work and on all of whom we depend for initiative, thoughtfulness, imagination, as to what they can do to help their troops or to help the families of the troops who are left in distress because their breadwinner is gone.

Red Cross work cannot be carefully defined. It is the desire to help, the desire to relieve people who are in trouble. That is really the meaning of the Red Cross flag and the work of the Red Cross Committee. We in Washington cannot direct these five hundred odd committees; we must let them go on with as much effort, as much initiative as they will, giving them constantly advice and suggestion as to the lines of work that they can follow. It is striking to hear from all the chapters the different ways in which they are being helpful. Yesterday the Baltimore Chapter found that thirty cases had developed from the guardsmen who were along the railroad, contagious diseases and three or four accidents. There was practically nothing to take care of these men with except some blankets. And the Red Cross chapter, through its Military Relief Committee, had the quickness and imagination to take out there the complete equipment from their sewing room, pajamas, sheets and pillow cases and the like, of which they had none. They have practically taken that little hospital under their wing. We could not have told them on Saturday night what to do in case a situation like that developed. We had to leave it to them and they were ready.

Another chapter found that its regiment, mobilized from its own home city, was being moved to somewhere in New York, and that the physician of the regiment had been unable to replenish his supply of medicine since he had returned from the border only a short time before. The chapter, without a moment's hesitation, took some of its funds, went to the drug stores in the city and bought a complete equipment, so that instead of starting off with a half or a quarter of what he should have, he was able to go with it all.

I came here really to say a word of appreciation for what the nurses have done by their systematic organization and what they will be called upon to do, what we will expect them to do, what the army will expect them to do now that the need has arisen. The country is at war. It is a great war. We hear talk in the papers sometimes as if it were nearly over. We have heard that a good deal. I do not think we ought to consider that we are in this war for a short period. It may

be a very long one. We must depend upon the experts in every line to do their share; and certainly there are no experts in this country who are better trained and better able than the nurses, and particularly those nurses who have enrolled as Red Cross nurses and have put themselves on record as being willing to go.

The sacrifice made by the doctor and the nurse when they volunteer, when they throw everything aside and go abroad, is far greater than we stay-at-homes can possibly make in money or in service or in time. They give up all their local connections, their positions, whatever they may be; the doctors give up their practice, throw it all aside, and start off across the ocean, in spite of the submarine danger, in spite of whatever might come to them, and offer their services. The man who enlists, it seems to me, does not do one-tenth of what these individuals who are going to Europe are doing or will do, after they get on board the steamer and start for Europe for an indefinite period.

The Red Cross nurse has long been a byword throughout the country. You know the qualifications necessary for enrollment and how the list, so carefully prepared and kept up, has proved of the greatest possible use in disasters, great or small, in epidemics, in our work in Europe at the beginning of the war, and in the work last summer at the border, where our troops were mobilized.

One person more than all others is responsible for this great corps of trained and practically enlisted experts who are now at the disposal of our soldiers and sailors. She it was who had the vision to appreciate the need of such an organized force. The work she has done in the Red Cross has been one of the highest types of preparedness. There has been no letting down of standards; no favoritism has been shown. This army of nurses has been enrolled with all the care that would be given in the enlisting of the finest army. The result of this work is that the Red Cross has enrolled for service more than nine thousand nurses whose qualifications are known, who have taken all the steps required by the Army Medical Corps to permit of their immediate enlistment in this service. It is a splendid contribution to America that the Red Cross is now able to make. You all know to whom I refer as being responsible for this work, Miss Jane A. Delano, Director of the Red Cross Nursing Service.

Miss Delano has served without compensation for many years, working so hard and continuously that her friends have often warned her that it was dangerous for her to do so, but the spirit was willing and, fortunately, the flesh was not weak. The harder the work, the greater the demands upon her energy, time and patience, the more she seems to thrive. And as a result, the Red Cross Nursing Service is ready at

this hour, more ready than perhaps any branch, official or unofficial, of the United States.

As the war develops, as our young men go into the field, first for training and then perhaps for the same bit of fighting that the Allies have been enduring for nearly three years, this corps of Red Cross nurses will win the gratitude, affection and admiration of every American citizen. Fathers, mothers, wives and sweethearts of this great army of young men, who go out to fight the battle of liberty, will come to a full realization of what it means, to know that trained and devoted women are in the hospitals to give prompt, careful and tender care to those whom they have sent as their greatest contribution to the cause in which we are now enlisted.

TEACHING NURSES IN TRAINING THE USES AND VALUE OF SICKNESS STATISTICS¹

By LOUIS I. DUBLIN, Ph.D.

Statistician, Metropolitan Life Insurance Company

The completion of clinical records and of case histories is now one of the established duties of the graduate nurse. The nurses with whom my professional work brings me into closest contact, namely, public health nurses, spend a considerable part of their working time in completing records of their cases. I have often thought that these duties are looked upon by nurses as a necessary evil, as a sort of penalty which they must pay for the more pleasant and more interesting work at the bedside or in the home. The statistician for whom these records are prepared is considered, I have imagined, a sort of *bête noir*, somehow powerful and not to be denied but an awful nuisance, nevertheless. This attitude, if I am correct in my diagnosis, results from the fact that in few, if any, training schools for nurses is any effort made to instruct students in the wider use and value of the records they must complete. There is, of course, a certain amount of direct and often excellent instruction in filling out the forms used, especially the t. p. r. charts and the other bedside records, but this is as far as such instruction goes. The nurses do not see what it is all about, how this work which takes so much of their time serves useful ends; how it aids for example, in hospital administration; how it serves, except in the most general way, the patient, the physician or the community.

Miss Crandall, with her full and rich experience in public health nursing sees the value of the statistical side of nursing work and would

¹ Read before the twentieth annual convention of the American Nurses' Association, Philadelphia, May 1, 1917.

have me discuss this subject with you. If I understand correctly, Miss Crandall wants me to point out how nurses may be more adequately instructed in the completion of their records, when and where they may receive such instruction and how there may be imparted to them an understanding of the use and value of such work in order that they may appreciate the larger possibilities of their field.

Let me at the outset indicate my conception of the general function of the nurse. Hers is a profession and not a trade. Her work is not limited to the routine bedside care of sick persons. She shares today with the doctor the broader function of preventing and controlling disease. To do this, she must see the relation of her routine work to the larger purposes of the community. Sickness is one of the chief causes of maladjustment in family and social life. It brings about more community distress than any other single factor. On the other hand, it is often the result of social forces like ignorance, immorality, overcrowding, poverty, underfeeding, etc. The effective nurse is one who realizes the relation of her work to the welfare of society and sees the part that she must play in the great campaign for health. It was in this spirit that Florence Nightingale labored and it is significant that she was as effective a student of sickness as she was efficient as a nurse. Her statistical work is a land-mark in our science. This phase of her work became with her almost a religious passion and it is appropriate on this occasion to express the great indebtedness of modern social statistics to the efforts of this great nurse and woman. As her spirit animates the nurses of today, so will their work be more practical because more purposeful.

How then may we hope to reach the nurse in training and impart to her an appreciation of the use and value of sickness statistics? The subject must be taught first in the schools of nursing. As I have already pointed out this is only partly done. The nurse in training receives instruction in the preparation of temperature, pulse, and respiration charts and in the keeping of daily records of medication and treatment, and of the physical condition of the patient. Under competent direction, the nurse soon learns what is required of her in the completion of these forms. Much more may be wisely attempted however. The instructors in theoretical and practical nursing provided by the leading schools in the United States today should first themselves carefully study the wider use of medical records kept by hospitals and other medical institutions. They will then be able better to impart to their pupil nurses the chief elements in the record problem. Because of the limited opportunity to teach the uses of statistics as an independent subject the nursing instructors should

occasionally indicate the value of medical records in their lectures on general nursing information. In addition, a brief course of lectures on sickness records, say two or three, should be given somewhere in the training period by a competent person. This could be done either by an outside statistician or by some physician connected with the hospital who is interested in the records of the institution.

These several efforts will give the pupil nurse a better opportunity to see why she is expected to take pains in completing her forms and the use to which these forms are put. Perhaps more important than all this, such instruction will give the nurse an opportunity to see some of the broader aspects of her work; and this will have a very favorable effect on her cultural development. It will make her feel the dignity of her profession; how it supplements that of the physician and of the institution manager in helping to solve the larger problems of medical practice. While the nurse cannot go far into the details of the medical sciences without trespassing, it is nevertheless true that an elementary understanding of the aims and purposes of the auxiliary medical sciences, of which statistics is one, tends to broaden the nurse's outlook upon her work and upon her life.

In the few special lectures to which I have referred sickness statistics could be explained to the pupil nurses somewhat in this manner: "The real essence of nursing must always be personal service for the sick and disabled. This service must be based upon knowledge of the elements of anatomy, physiology, the properties and action of common drugs, of dietetics and cookery, personal hygiene and household sanitation and other practical subjects which bear upon the immediate welfare of the patient. Apart from these practical aspects of care for the individual case of sickness, however, *a nurse has a right to inquire into the causes of disease and disability and the administration of hospital and other service for the sick and disabled.* The nurse must primarily know how to advance the comfort and welfare of the individual patient, but her real understanding of the case is not complete unless she has an adequate idea of the causes of disease and of the administration of those institutions and organizations combating it." The lecturer should then emphasize the fact that "complete and accurate medical records alone make possible the study of these broader phases of the sickness problem."

All medical workers strive to attain the largest results for the smallest expenditure of time and effort. The achievements of a particular hospital, for example, in the management of a disease or condition, cannot become known to other hospitals until the statistics based upon medical records are compiled and published. Hospital economies can

be effected only when we know the number and character of the different diseases and injuries among the patients who enter the hospital, the average time these patients spend in the hospital, the number of recoveries and deaths among these patients and other important facts of hospital economy. Thus it may be shown, for instance, that a very large proportion of the limited finances of one hospital are consumed by medical care for some one or a group of preventable diseases, with the result that many important cases of other diseases are excluded from the benefits of hospital treatment. The efficient hospital executive must know the relation of the duration of treatment to the general utility of his hospital; if it can be shown by a study of these statistics that an unduly long average duration of treatment could be shortened by appropriate methods, the usefulness of that hospital in the community could be extended. But before any of these things can be done we must first know the facts, and these facts can be obtained only by a system of hospital statistics based upon the records prepared by physicians and nurses. It must be remembered that the radical progress in hospital construction and management which took place between the years 1858 and 1863 in the United Kingdom was based entirely upon a critical statistical examination of the entire hospital situation. This examination consisted in the compilation of medical or sickness statistics from the records kept in the hospitals, so correlated by nature of disease, sex and age of patients, sanitary condition of wards and systems of nursing care, as to point out existing defects in hospital construction and management. There are some lessons in the treatment of diseases which can be learned only after a survey of many cases over a considerable period of time. Hospital medical statistics, based upon hospital records, alone can establish the facts.

Still further, the lecturer might say: "Physicians and nurses are more than likely to acquire a one-sided attitude toward their work. This attitude is distinguished by a short focus method of viewing the aspects and prospects of the individual case under treatment. Sickness statistics furnish a longer range of view for the physician and nurse. Trifling peculiarities of individual cases often confuse a proper appreciation of the true facts of disease, its causes and its treatment. Statistics of sickness eliminate the petty differences between two cases of the same disease or condition and bring out a more liberal series of facts based upon large numbers of cases. Sickness statistics, therefore, free the mind from the tyranny of facts on short focus and provide a point of view which distinguishes the constant causes operating for the prevention and cure of sickness. The detailed study of a case of sickness is indeed essential for the comfort and welfare of the

patient; but a broader knowledge drawn from an examination of many similar cases is no less essential for the proper medical and nursing care of the sicknesses which arise in a community."

Thus will the lecturer have shown that the duties of physicians and nurses in the preparation of medical records may be deemed of serious importance as affecting the interests of the patient, the hospital and the community.

Besides this instruction in the schools of nursing, nurses may also be taught much that pertains to the uses and value of sickness statistics in their courses of post-graduate instruction. Indeed, such instruction is likely to be more productive than that given in the school of nursing. The nurse in post-graduate activity is more often entrusted with the preparation of complete records of medical and social conditions than during her hospital work. In the visiting nursing field especially the history of the case, the character of the treatment and its result and the final disposition of the patient are now recorded in detail by the post-graduate nurse. The larger nursing associations demand, I am glad to say, complete and accurate records of the work done by their staffs and it is encouraging also to observe that these records are being more and more standardized in the direction of satisfactory statements lending themselves admirably to later statistical analyses by the trained statistician. A number of the larger nursing associations have begun to make statistical studies of their records on their own account and I know that a larger number contemplate doing this. Wherever such work is undertaken, the superintendent of nurses should be careful to give adequate instruction to her staff in the proper method of completing the nursing record. She should also find occasion to hold staff meetings to consider the salient facts resulting from the study of the records of a year. Nothing will be so effective in educating nurses to the value of morbidity statistics as such object lessons of the uses to which these records are actually put.

The Company with which I am connected, as you know, has for a number of years compiled and analyzed the records of its extensive visiting nurse service. For the year 1916, the records of over 200,000 cases prepared by nurses in the field have come to the Statistical Bureau of the Company for study. These records are compiled, not only to give a picture of the experience of the nursing service as a whole but also to make possible a report on the work of the individual associations, the larger as well as the smaller ones. It has been Dr. Frankel's policy to put these studies of the essential facts of the service for Metropolitan policyholders at the disposal of the superintendents of local nursing associations and their boards of directors. These data, supple-

mented by similar tabulations of the association's own records, wherever that is done, will make excellent material for the instruction of the staff. I strongly recommend staff conferences for the study and discussion of these statistical reports. The nurses will then see that the records which they keep are not filed away to gather dust but are taken seriously and that it is out of the work they have done that these tabulations have been prepared. It will undoubtedly have an encouraging and educating effect on the nurses to see the uses to which their work is put. It is no exaggeration to say further that many administrative developments in the individual services will result from such conferences. This has been our own experience. Our reports have made possible the establishment of standards not only in the records but in the type of nursing work actually done. Thus, starting with very definite objects as to what should be obtained, our nursing supervisors have analyzed service after service to determine to what extent the individual associations meet or fail to meet our requirements. As you know our service is meant primarily to deal with acute diseases. The treatment of chronic cases is discouraged and is intended at most to be a minor part of the service. We, therefore, place great emphasis on the reporting of the disease or condition nursed. The diagnosis as reported by the nurse is the key to all the other items on the record. The superintendent of nurses in teaching her nurses should not lose this opportunity of pointing out these practical uses of records.

She may indicate still further the great value of other items in the nursing histories. Thus, the number of visits made in relation to disease or condition nursed is an indication of the adequacy of the service rendered. Our tabulations have shown in the past considerable variation in this regard in the several associations and services. Fortunately, the experience of several years has indicated to us the average number of visits for each of the important conditions and diseases and the effort of our nursing supervisors to control the service has borne fruit. The variation in the average number of visits is becoming less marked indicating the establishment of a standard. Furthermore, the experience of the best associations shows the optimum period of time for which the average case of any disease or condition should be carried by visiting nurses. We still find some associations carrying cases of disease over very long periods while others, perhaps with meagre facilities, make a specialty of transferring their cases to hospitals and other institutions and carry their cases only brief periods. The effect of our statistics is again to establish a norm of service for each condition. Finally the records make possible very useful instructions to

nurses and associations as to how often visits should be made in various conditions. Thus, in a condition like pneumonia, the best practice indicates that a visit should be made at least once a day during the critical period, although unfortunately such is not the practice in a large number of associations.

I might go on in this way and cover the other items in our annual analysis of the service and show how each of them makes useful material for the instruction of nurses in statistics of sickness, but this has been admirably done by Dr. Frankel in his various papers on the Nursing Service before your organization.

The nurses engaged in the more specialized fields of public health work can also be taught with great benefit to themselves the importance and value of nursing and social records. This applies especially to the fields of tuberculosis, infant welfare, mental hygiene, prenatal and school nursing. The statistical use of the record completed by the special public health nurse plays perhaps a more prominent part in her work than in that of the hospital or general visiting nurse. Special welfare programmes are often inaugurated because of a clearly established need in the community; and the continuance of such work depends very often upon a statistical demonstration of concrete results achieved. Supervisory and training agencies should bear in mind the need for instructing their workers in special public health activities, in the completion and final uses of the various records, medical and social, which they will be called upon to handle. Very important social investigations have recently been completed as the result of the activity of specialized nurses. This new phase of nursing work has a future of bright promise provided specialized nurses are in the first place recruited from among those of good basic education and are given adequate instruction in the methods of their work and in the value of the records to be employed.

The post-graduate and health nurse especially should receive instruction in how to record the economic and social condition of her patients. I need not point out the importance of such causative factors in sickness as long continued poverty, malnutrition resulting from poorly cooked or insufficient food, overcrowding and tenement life. Occupation is a most important item in the causation of disease. All of these elements should come up for comment on the part of the instructor and their bearing on the case be clearly pointed out. They are almost as essential for the proper handling of a case as the medical items.

Emphasis should also be placed upon the necessity for the use of standard systems of nomenclature in answering the questions on the record form. For instance, in stating diseases and injuries upon hos-

pital record forms the standard nomenclature authorized by Bellevue and Allied Hospitals, New York City, should be employed. In stating causes of death, the International List of Causes of Sickness and Death should be used. Indifference to the use of standard terms virtually destroys the value of many nursing and medical records. The nurse should be taught to avoid the use of vague, ill defined and unauthorized terms in filling out record forms. Statements of occupation also should follow standard practice, specifying both the industry or general nature of the work in addition to the specific trade or occupation in the industry.

In closing let me point out that the success or failure of the nurse in keeping case records and also in appreciating the importance of sickness statistics depends on the way the forms used are drawn up by the hospital superintendents and other administrative officials of public health and philanthropic societies. Good record keeping and enlightening analysis are practically impossible when the basic forms are poorly constructed and the items of information are asked for in a loose manner. A medical record should be a clear simple statement of the problem which it is designed to comprehend.² The questions on the schedule should be only such as bear directly on the points at issue in the case. It is not well to aim at many points of information and hit none of them. Irrelevant facts should be omitted. It is better in any medical record to have complete information with respect to relatively few items, than to disperse effort over an encyclopedic schedule which, for practical record keeping and statistical purposes, defeats the end it was designed to serve. Wherever possible the questions on the record form should be worded so as to call for numerical statements or replies of "yes" or "no." The facts of disease, occupation, marital condition, nationality, etc., call for a qualitative statement. Sufficient space should be left for a complete statement of the facts. It is important that record forms should be designed with care. The nurse cannot be expected to complete satisfactory records if the forms are drawn carelessly or unwisely.

I do not believe it feasible or desirable to teach most nurses or physicians the technical facts of statistical analysis. It will be sufficient if physicians and nurses become thoroughly alive to the significance of good record keeping and if they appreciate the value of such record keeping in medical administration and public health. The actual work of statistical analysis, however, should be left to the statistician who is

² This subject is discussed in more detail in the writer's paper on "The Application of the Statistical Method to Public Health Research," reprinted by the Metropolitan Life Insurance Company from the *American Journal of Public Health*, January, 1917.

trained for this particular task. The tabulation and interpretation of statistics like the cure of the sick, is a distinct art and this kind of work can be best done only by those who are trained in the art. This means that the statistician and the physician must work in the closest coöperation. Each has his part in the important work of collecting, tabulating, and analyzing the results of medical and hospital experience; the doctor to keep the records and the statistician to tabulate and analyze them. Nursing is likewise served by the application of statistical results to the facts of sickness in the community. The nurse also has her part to perform in the keeping of sickness records. Schools for the training of nurses, therefore, as well as those for the training of physicians, should impart to their students a proper appreciation of the importance of the keeping of hospital and medical records.

RELATION OF CLINICAL TO SOCIAL RECORDS¹

BY HUGH AUCHINCLOSS, M.D.

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It is not without hesitation that I, not an authority on social service work, speak before such an assembly of experts on the subject of social service records. It is because social service departments have become so important in our civic hospitals and because social service records, together with the medical records, do now, and are going to still further, play so vital a part in the problems of hospital construction, as well as organization, that I take this opportunity to do so.

There are so many parallel and striking analogies between social and medical work that I believe the method used for recording medical work could be applied to social records and that it would lead to simplification and to far-reaching results in the future.

Social work, like medical, may be divided into the science and the art. A knowledge of the sciences of anatomy, physiology, pathology, are essentials to the surgeon dealing with a fractured bone. Deviation from nature's laws embodied in these sciences meets with disaster. The art of surgery, however, in treating the fracture, affords many methods, the rationale of which complies with these laws. A wooden splint, for example, may serve the purpose and satisfy these natural laws quite as well as one made from plaster of Paris. A knowledge of the science of ethics, economics, or tenement house construction, may be essential to the social worker dealing with a fractured life. The art of dealing with it, in compliance with these

¹ Read at the twentieth annual convention of the American Nurses' Association, May 1, 1917.

scientific laws and principles, may call for methods as many as the sands of the sea. The science and art of social service will be and has been developed, as the science and art of medicine will be and has been, by the accurately-recorded observations of trained observers.

Organized social service work is a development of recent years; not so medicine. It would be the grossest of crimes against intelligence for the recording of observations of social work not to profit by the mistakes made in the recording of medical observations. It is the purpose of this paper to indicate some of the mistakes that have been made in the past, and that, I regret to state, are still being made in a vast number of places, in the recording of medical observations; to indicate what steps are being taken to avoid them in the future; and to present for your consideration those steps that must be taken in the recording of social observations to avoid those errors.

You are all familiar with the old-time customary methods of taking records of hospital patients. On admission to a hospital, the patient's name with identification data was taken and included on the patient's chart during his stay in the hospital. On discharge, a diagnosis of the patient was written on the chart, according to the notions of the house officer, irrespective of the fact that different house officers might call the same disease by different names. The patient's chart was ultimately bound in a volume containing the case records for that year, and a discharge card was inserted in a name file as the sole means for future reference. Periodically an annual report was written by the house officers for the superintendent to present to the managers, indicating the diseases, operations, and results tabulated under the time-worn and misleading headings of "Cured," "Improved," "Unimproved," and "Died." The trustees looked with evident satisfaction at the number of cases reported as "Cured," which generally included a number of cases of cancer that had undergone an operation. It was gratifying to the friends of the hospital to see that if not cured, so many patients had "Improved." That patients should have been discharged "Unimproved" was undoubtedly a cause for regret not unmingled, however, with satisfaction that this list was generally the smallest. The list of those who died, the only accurate list, carried with it a sense of the inevitable, but an analysis of the causes of death if made, was practically never scrutinized. No accurate, statistical knowledge was available to those who were responsible for the running of the hospital. Histories were not grouped according to the various diseases, because it was stated that a terminology of diseases could not be written that would be practical. Histories were bound in large volumes, so that when the patient returned for the same or

another cause, a new history had to be abstracted or written. When histories were required for study, by a doctor of a certain type of disease, it was impossible for him to find them unless he had kept a private diagnosis file of those relatively few cases that had come under his observation. In a dispensary or out-patient department, where a vastly greater number of patients was being treated, equally important as those within the hospital, records were even more meagre and similarly unclassified, or else no records whatever were kept beyond entering the patient's name in a book. Absolutely no idea of the late results could be obtained from any of these records. From the standpoint of the science and art of medicine, these histories, after the patient was lost sight of, might better have been burned than take up the space that they occupied on the shelves. Furthermore, the practically impossible task of subsequent classification of these records for medical statistics would have been of no avail, because the data that they contained of similar diseases, varied so greatly, according to the different men who made the records, that, were an attempt made to put them together for further study the data would have been so incomplete that it would have been impossible to draw conclusions. Only last year I found that there were nearly a million records, from only three institutions in New York, piled away, absolutely worthless from a medical standpoint because of this lack of classification. It is not exaggeration at all to say that throughout the country several millions of records have been made during the past twenty-five years that are of absolutely no use from a medical or surgical standpoint.

Because the analogies between social and medical work are so strong, I shall trace the fundamental principles governing the changes that have been and are being made in the making and filing of medical records.

In order to find for subsequent study all the histories of cases suffering from a certain disease, it is necessary that all such histories be marked by one term that shall be the only officially recognized term to be used in indicating and filing that particular disease. I would emphasize the words "to find for subsequent study." The diagnosis file, and the terms used for diagnosis, though they may indicate the relative frequency or absolute number of grouped cases in that institution, is not meant for analysis nor description of the disease in itself. These terms are merely to locate groups of cases desirable for study and should be chosen with that in mind. In order that different terms should not be used for the same disease, a terminology of disease, under which all diseased conditions could be grouped, had to be compiled. This book that I hold in my hand, written by Doctors Adrian Lambert and Wal-

ton Martin of New York, is such a terminology and is based, as far as possible, on the causes of disease. It is freely admitted to be imperfect by its authors, because since its edition, many terms have been altered. A new edition is soon to appear; nevertheless, it is rather generally admitted now to be the best terminology of disease for practical use that has been published. No history is allowed to be filed unless the terms of the diagnosis correspond precisely to one of the terms in this book. If, as happens occasionally, an additional term is desired by any one, it can only be added after it has been submitted to that person in whom the authority is vested to make changes in the book and has been officially added by him to the terms already listed. Should the patient be suffering from more than one disease, no attempt is made to differentiate a main condition and complication, the different diseases are spoken of as accompanying one another. The histories are not bound but are used again whenever the patient returns.

Now this grouping of cases is essential, but does it go far enough? Put yourself for a moment in the position of the physician, shall we call him an "intensive" worker in medicine, studying a certain disease and anxious to tabulate the statistics of the many details relating to that disease? In the record room he asks for the records of all the cases belonging to a certain type of disease. The record clerk readily turns to the card corresponding to that disease and soon a large pile of these individual case histories confronts the physician. To examine the detailed information in all these histories is a task likely to dismay all but the most undaunted worker. Add to this, however, that the physician is most anxious to secure statistical data with perhaps ten detailed points. Can he get them? The chances are overwhelmingly that he cannot. The writer of a record five years ago may have included ten of these points; the writer of the record two years ago may have omitted them all; and the writers of the intervening years may or may not have included them. Thus we see that though these case histories are grouped according to disease, the statistical details are not there. The diagnosis file, therefore, must be supplemented still further to make the records of real use. How then are these statistical details to be secured? What is the obvious thing for the intensive medical worker to do? He at once makes a list of all of the details that he considers important from the standpoint of the science and art of the disease in question. In future, whenever a case is considered to be suffering from the disease in question, this analytical list or sheet is placed on the chart so that all the desired details can be recorded in all the cases. Subsequently, when

the worker collects his group of cases the facts that he desires are there. Better yet, however, is the method by which symbols are used at the bedside, qualifying the details on the analysis sheets, so that when the history arrives in the record room these symbols can be transcribed by the record clerk to large synthetic tabulating sheets that correspond to the details of the analysis sheet for that particular disease. In this way the correct statistics about any particular disease being intensively studied are always available. How often these statistics shall be made up is a matter for common or individual discretion. Let me briefly demonstrate the ways in which this recording is done:

Demonstration of forms: Admission card and number, face sheet, general history, analysis sheet, operation sheet, discharge diagnosis and operation performed, terminology of disease, follow-up sheet, diagnosis file, operation file, follow-up file, subsequent use of histories in out-patient department including follow-up, continuation of records on re-admission, synthetic statistical sheet.

I think a moment's thought is sufficient to convince anyone that, in instituting a system of record-keeping, one should select the system that is as complete, yet as elastic, as possible, so that in ten or more years' time an institution will not have to regret that its system was wrong; that it was incomplete; and that it was so inelastic as to be incapable of admitting further additions. In other words, the plan should be to establish an ideal system at the start. Furthermore, if all the factors of an ideal system cannot be complied with in different institutions, such modifications should be made that in the natural order of development, failures to comply with an ideal system may be obviated as time goes on with the least possible disturbance to the system.

The so-called unit history system is an ideal toward which every hospital should strive. A unit history system implies that all the records of a patient admitted to any department of that hospital at any time shall be kept in one place. It refers to the out-patient department, the histories of ward patients, the social service histories, the follow-up records, special examination, even the microscopical sections and museum specimens, or communications about patients, and even the records of the executive department of the hospital. This brings to the foreground a factor in hospital construction so fundamental that I believe in the future building of hospitals it will be regarded as an axiom. The record room for the whole hospital will have to be so situated as to be immediately available for the executive offices, the admission and discharge thoroughfares, the out-patient department,

the social service department, the follow-up department, the pathological museum and even for, perhaps, two or three other departments that may in the future be found to play an essential part in the dealing with patients, either before or after they have been in the wards. It is not essential that the record room be near the wards. When a patient is in the ward, the history accompanies the patient for a considerable period of time. By so doing, all the records of a patient would be complete and in one place. The staff of clerks used for doing this kind of filing work in the different departments could be reduced. The use of separate name files for each department could be merged into one and the clerks, workers, and the energies of each department could be devoted to the analysis and the synthesis of the work done by each department which is an end most to be desired. That such a scheme of organization, though it is in process of development in several institutions, does not exist, is, as far as I know, true, but if there is one thing we feel sure of, it is that this plan is bound to come.

If the unit history system is the ideal toward which we should aim, one thing stands out preëminently for social service workers to accomplish. Social service cases must be grouped for further study just as much as the medical cases are. To group medical cases for further study, a terminology of disease had to be written. To group social service conditions for further study, a terminology of social conditions will have to be written. It was stated over and over again by medical experts in high standing that an accurate and complete terminology of disease could not be compiled. It was stated that the causes of many diseases were not known. It was stated that the unknown causes of many diseases were being found out, with the result that the terms used in describing such a disease had to be changed. Many other objections were raised. Nevertheless, many terminologies have been written and as I stated before, the terminology that I present to you, though it has been changed and added to since its first edition, is being used with success, and is being adopted all over the country by various institutions. It is not enough to state that a terminology of social conditions cannot be written. Such a statement may be an opinion but it is not a fact. It can be written. It should be written. It may take months and years to do it, as the terminology of disease did, and it may require the best minds and the most experienced workers in social conditions to do it. Bear in mind that these terms should be strictly social terms and not medical. The medical terminology has been written already for you. If the medical terms are not already on the record, though most of them will be, if your

work be in connection with a hospital, the terms are at your disposal and can be added by you as indicated. It would therefore probably be unwise for a social terminology to include the terms used in a medical terminology.

The filing of these social diagnoses should be done in a common file with the medical diagnoses, so that any combination of medical and social diagnoses can be located and assembled for subsequent study at a moment's notice.

Still further, in a parallel way to the intensive study of medical subjects, the intensive study of social problems can be carried on by the analytical sheets and synthetic charts. The work done can be filed in a precisely similar manner to the operative treatment file already in use. The slight service and the intensive work can both be carried on under this one system.

The purpose of this paper has been to present for your consideration the analogies between medical and social records; to urge that the mistakes made in the keeping of medical records be avoided; to emphasize the importance of aiming at an ideal system, the most immediate, absolute requisite for which is the preliminary compiling of a terminology of social conditions.

THE VALUE OF THE INDUSTRIAL NURSE'S RECORDS TO HERSELF AND TO HER EMPLOYER¹

By FLORENCE WRIGHT

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A rather wide inquiry into the question of the industrial nurse's records and the uses made of them reveals a lack of uniformity of method and purpose, which would seem to explain the blindness of many nurses and employers as to their value. The methods in vogue range all the way from absolutely no record at all (not even a day book) to a full family, work and disability history of each employee. In the replies to our inquiries, there was a significant relation between the kind of record kept by the nurse and the apparent value of that record in the eyes of her employer. In other words, a letter was sent at the same time to the nurse and to the company employing her. In each case where the records were fairly complete and where the nurse had sufficient help to properly tabulate and interpret them, that particular employer spoke with conviction of their definite usefulness.

¹ Read at the twentieth annual convention of the American Nurses' Association, May 1, 1917.

It would therefore seem to be the duty and privilege of the industrial nurse to develop her records to their greatest efficiency, to make use of them herself and to point out their value to each department of the plant where she is employed. One nurse cannot manage a first-aid room, visit the homes of several thousand workers, and keep records tabulated so as to be easily interpreted. She can, however, carefully record her findings and keep her simple cards in such shape that she is able to answer any question about her work at any time, and she can, with a small amount of clerical help, do a good deal more. She should show that her records are useful, and when she has done this, she will be given the assistance she needs, without question.

As to the value of the records to the nurse herself, one industrial nurse writes:

The value of the record is obvious, we not only find the need of some special attention to employees, but also to other members of the family. The Social Service record is kept where the social need is apparent. . . . I hope to have a complete family card for each employee. . . . I feel it absolutely necessary, not only to know the employee, but the family as well, . . . This work, without records, would mean constant duplication.

Another says:

The greatest argument in favor of record keeping is that a nurse should have her work in such shape that the nurse following her will be able to carry it on without having to duplicate her efforts. How they (nurses who keep no records) keep abreast of their work and how they will ever be able to give their employers any idea of work accomplished are mysteries.

The nurse's records are often her best or only protection. Some one is always ready to criticise, and not always in a helpful spirit. The records should show just what the nurse has done in each case. It might easily be of value to show what first-aid treatment was administered, or what advice was given a worker. Ample records and a limited supply of remedies should clear a nurse of any charge that she is usurping a doctor's place.

In the thorough understanding of a plant and its hazards, the nurse can make little progress without records. For instance, an industrial nurse found numerous cuts on the hands of certain workers. Without records, these accidents would not have been associated with their cause, for they happened in many departments. (There was seldom more than one such worker in a department). The records were tabulated as accidents happening while doing certain work. It was found that every one doing this work had received a cut during the month. A guard was devised by a foreman, and there were no more injuries from this cause. No one foreman realized the extent of the hazard,

as he had perhaps only one such worker in his room. A nurse, not noting the exact cause of the injuries and the exact nature of the worker's duties, would think nothing of the really great hazard which was so easily controlled.

An industrial nurse found that two members of one family had been under treatment for small injuries, boils, etc., which healed slowly. Their names were given with four different spellings in the employment department and the doctor's office. They moved often so that several had given different addresses. A chance visit by the nurse to the house led her to check up all workers having a similar name. The result was that the seven members of that family were examined by the company doctor, that they were given the specific treatment required, that their wounds then healed promptly, the family health and prosperity improved, and the father was extremely grateful at having what seemed to him a mysterious burden of ill health lifted from his home. One member of this family was in a condition to be a menace to others and was sent to a hospital for treatment. A family card, in this case, would have assured the matter being taken in hand early, instead of the thorough work for the whole family being dependent on chance, as it was in this instance.

The value of the industrial nurse's records to the employer is both direct and indirect. In being of value to the nurse herself, they increase her efficiency; in making possible better work for her patients, the standard of efficiency of the workers is raised.

One employer writes:

We merely use same (the nurse's records) as reference, in cases where it becomes necessary to trace the origin of any particular occurrence.

Another says:

These records are of particular value to the nurses themselves, because they enable them to make a more intelligent follow-up of patients, by having a complete history of the previous illness of the patients. This results in more intelligent work being done. . . . which means that the employee must return to work more quickly. . . . The question not infrequently arises as to what is the particular thing to do for some employees, because of their physical condition or home condition. The nurses' records frequently supply this information, and furthermore, the nurse's records can be of value in transferring persons who have been ill to some employment more suited to their capacity than the one which they have followed, and may be similarly used in cases of re-employment. The nurse's records can be made available in taking care of cases which are in the hands of local physicians who are disposed to cooperate with the firm which employs the nurse, and the result is usually beneficial to the patient. Intelligent records should be of material value to the physician in prescribing.

Still another says:

The nurse's records frequently assist us in determining insurance payments. We also find a suggestive correspondence between the records of our medical examiner and our visiting nurse. In treating patients who have been injured, the record of the nurse is of assistance to our attending physician.

One use, little appreciated, to which the nurse's records may be put is in searching out accident and health hazards in the plant. A detailed comparative report of accidents, tabulated according to the duties of the workers, handed to each department head has been known to stimulate competition in reducing the number of accidents and in the invention of protective appliances. Such a report, tabulated according to whether the patient was sent for first aid or allowed to wait till infection developed, has been a means of proving the value of prompt first aid, of securing the coöperation of executives and workers, in eliminating the infections which follow many neglected small injuries.

In the matter of the general health of the workers, the visiting nurse is the only one in a position to discover the exact reason for time lost. Records of the illness of workers, tabulated according to duties and departments, cannot fail, if carried on for a long period, to give valuable information, both to the company and the company physician, as to health hazards which are often easily corrected. With health insurance coming, this feature alone will repay quite an expenditure of time in record keeping. Each department of a plant will probably think it is doing all it can for the safety and health of its workers, but will renew efforts when another department is found with the same conditions and a better record.

We would say then that the nurse's records are of value to herself: (1) In telling her what she accomplishes and in enabling her to show her employer results in payment for his expenditures. (2) In protecting her from criticism, and possibly legal complications. The records will enable the nurse to prove that she has not undertaken to do more than a nurse is expected to do. A limited equipment will relieve her from suspicion or temptation. (3) In giving a knowledge of family and home conditions of each worker. (4) In avoiding duplication of effort, as aids to memory, and in making it possible for a new nurse to take up the work as it is, rather than obliging her to start at the beginning again. (5) In giving the nurse an intelligent understanding of processes and hazards in the plant. (6) In making it possible for the nurse to give more intelligent assistance to the company, the company doctor and the family doctor.

The records, of course, help the employer by helping the nurse, and so

make her more efficient. In addition: (1) They add to his understanding of the worker and his surroundings at home and at work; (2) they help in reducing accident and health hazards; (3) they prevent disorganization of nursing service through changes of personnel; (4) they help to prevent spread of infections by finding the source of the trouble; (5) they often give information as to what is the best thing to do for a certain worker; (6) they assist in tracing the origin of occurrences; (7) They assist in getting employees back to work more quickly.

In order to be used to the fullest extent, the nurse's records should be kept in close coöperation with those of the employment and statistical departments. The records of the employment, statistical and nursing departments should not be duplicated, but should be accessible to the heads of each of the three departments. Family, accident, sickness and work records should be kept for each worker. The findings should be tabulated to show any possible relation between accident, sickness or absence, and surroundings at home or at work. Public spirited employers can make their records of value to the community, by allowing the Board of Health and other public agencies to have access to them.

In keeping our records, we must guard against the red tape which will defeat our purpose. A requirement that a patient applying for first aid must take an order to the nurse, and that before getting the order, he must give a good deal of personal history, was known in one plant to reduce the number applying for first aid from forty a day to ten. The number of infections increased at once. As soon as the rule was changed, the number of first aid cases became normal with a marked falling off in the number of infections. The records made it possible for the nurse in this plant to point out the folly of making first aid a burden. Let the nurse be as accessible as possible, let the workers feel that she is a friend and that they may come to her at once when they need her. The nurse can get the information required at the first interview or later.

Another worker writes:

While certain individuals of a statistical turn of mind have a tendency to overdo this matter of records, there is more danger on the other side, because most of us are so busy that we are likely to neglect the record in favor of immediate service to the human being.

The great need is uniformity of purpose and method in record keeping. The foundation for this uniformity must be worked out by industrial nurses in conference. This fundamental record, with uniform items, must of course be modified to suit different industries, but surely all employers will be glad to incorporate in their records whatever details the nurse needs for her own information and efficiency.

TEACHING IN THE HOSPITAL AND THE PUBLIC HEALTH SERVICE¹

By AMBROSE L. SUHRIE, Ph.D.

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I am well aware as doubtless you are, that your guild or profession of nursing and my craft or profession of teaching long have cherished the same ideals of public service and that fundamentally the ministry of teaching and the ministry of healing are one. For it must be clear to the most casual observer that the more fully we who teach are enabled to realize the larger aims of education which Herbert Spencer defined as "rational and complete living," the less need there will be for your remedial services. And it must be equally evident that the more fully you are permitted to engage in educational work and the more rapidly the public health service is extended, the more certainly and completely Mr. Spencer's educational aims will be realized in this generation.

I have long been interested in the organized activities of your several associations as well as in the beneficent ministrations of the individual nurse. It was not, however, until two years ago, when I began conducting a series of conferences on teaching problems with some seventy-five or more of the nurses of Philadelphia and suburbs under the auspices of the League of Nursing Education, that I got my first clear conception of the educational possibilities of your hospitals and of your field service. I shall always hereafter think of you as a group of educational workers, for I must confess that I was not a little surprised to find that, without any comprehensive study of educational aims or educational practices, you had more or less successfully organized into the body of the curriculum of your training schools and in the extra-mural activities of your public health service, those elements of practical training which I had long contended should be a part of the general education of every intelligent woman. I found also, to my surprise and disappointment, that the great public whom you faithfully serve has been so woefully ignorant of your aims and of your achievements that it has not yet seen the wisdom of providing you with the equipment and the maintenance absolutely necessary if you are to project the educational aspects of your work on even the most conservative scale.

Thus far I have purposely spoken without reference to my topic, first, because it was in my heart to say these things and secondly, be-

¹ Read at the twentieth annual convention of the American Nurses' Association, May 1, 1917.

cause it is always so much easier to write *off* than *on* the topic assigned, especially when the topic happens to be rather specific and technical. When I was invited to speak on this programme at a joint session of the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing, I was duly cautioned not to overlook any one of these branches of the nursing service. Because I was afraid that this injunction might result in my overlooking all of them, I came out to the first joint session of your organizations, ostensibly to hear Mr. Thomas Mott Osborne but really to hear Miss Goodrich, Miss Parsons and Miss Beard, the presidents of these several associations. I listened with rapt attention to these three able leaders, both because of the intrinsic importance of their appeals to the intelligence and conscience of the nation and because I wanted to discover if possible the bond of common interest which had brought these three organizations together in a series of joint meetings. I came away from that meeting feeling that I had found an answer to my question.

My rather intimate knowledge of the interests and activities of the local Philadelphia League of Nursing Education covering a period of two years had prepared me to understand in part the importance and the complexity of the educational problems which your national organization is endeavoring to solve, Miss Parsons' excellent address made it clear that the hospitals can never accomplish their larger service until the public has more fully coöperated in the development of their educational programme and that the care of the sick, important as that may be, is perhaps of less consequence from the viewpoint of society's ultimate welfare than the effective training of those upon whose intelligence, skill, and devotion, we must depend in yet larger measure to remove the causes of sickness and suffering and sin in the great world outside the hospital walls. She gave you a clear picture of a hospital so organized and so administered as to embody a dynamic educational ideal in its programme of public service, and she left no doubt in your mind that in the future the nurse who is prepared to administer or to teach in such an institution must have had an adequate grounding in the principles of educational administration and some definite training in the principles and practice of teaching under normal classroom and laboratory conditions. To those of us outside your ranks who are engaged in educational work and who have long recognized the unique value of the services of the public health nurse to the school as well as to the home, Miss Beard brought a new appreciation of the wisdom and foresight with which the organization of Public Health Nurses is planning to provide the most vital and timely educational service to

the children of the nation, in the awful crisis that is now impending. And Professor Goodrich, the president of your parent organization, made a powerful appeal, as you will well remember, for such a comprehensive educational program in our American democracy as would bring the benefits of the science of healing to all our people.

All of these women made it clear, at least by implication, that they felt, and your expressed approval of what they said justifies the inference that you believe, that the separate objects for which your several organizations exist, important as they may be, are insignificant in comparison with the common purpose you all have to share with those outside your ranks as well as within them, all those principles of health and healing which are easily within the comprehension of laymen when presented by those who are trained to impart knowledge, to fix habits and to inspire ideals. And so, I take it, your common problem is how to become more effective teachers in all public and private relations, how to so master the principles of educational psychology and how to so acquire the technique of good teaching as to increase your resourcefulness and multiply indefinitely the number of those who may have cause to call you blessed among women.

I now have arrived at my specific subject, but I still insist on interpreting it broadly, for I take it that those who set me down for this topic desired me to state why specific professional training is necessary for teaching and to state also the indispensable minima in such training as well as the unique value of educational psychology as an element in that preparation.

Some years ago I heard a venerable Pennsylvania educator say that there are three classes of teachers: (1) born teachers; (2) teachers who will have to be born again if they are to become forceful leaders and effective workers; and (3) teachers who had better never have been born. With respect to the first of these groups, the born teachers, I know the belief is still held that the world is full of men and women who without any technical training or other special preparation are possessed of ideal qualifications for teaching. I sometimes wish that I, too, could share that simple and childlike faith, but the fact is, the more I look about in search for these teachers, the more difficult it becomes to find a reliable clue to any that have lived since the Great Flood. In other words, the born teachers are all dead, though I have no doubt there are some hospital board members, just as I know there are some members of boards of public education, who firmly believe they have in their employ many such individuals. I think I can dismiss the third class, those who had better never have been born, without special comment. With respect to the second class, those who must be born

again, by a process of serious and in most cases prolonged training, much may be said; since we all belong to that class, we ought to find ourselves really interested in a brief survey of what is involved in the process of teacher training. It presupposes a reasonably good academic preparation; it calls for a serious study of certain underlying principles of education; and, finally, if really professional work is contemplated, it requires some directed observation of children and of teaching and, in addition, some actual practice in teaching under intelligent and constructively helpful supervision. May I here add that in my judgment these distinctly professional elements in the preparation for teaching are as fundamental to the success of the public health nurse in her work as they are to the nurse who assumes the teaching function in a hospital training class. It is exceedingly gratifying to note that Teachers College, Columbia University, and a few other institutions having good equipment and recognized academic standing, have recently established departments of nursing education. The curricula in these institutions give definite recognition to the importance of the professional element in preparation for teaching the science of nursing in hospitals and in preparation for many forms of community and public health nursing.

Specifically, what are some of the principles in education and in teaching we may lay hold on? Well, some of them have to do with the nature of the person to be taught, that is with his fundamental human instincts; some have to do with the problem of securing and holding interest and attention; some have to do with the process of learning to organize, to memorize, to fix habits, etc. May I develop a few concrete illustrations of what I mean? The instinct of imitation is so strong in children, and indeed in most adults who are not individualized in some marked degree, that we may well appeal to it as one of the most powerful factors of accomplishment. The school nurse, the visiting nurse, the public health nurse in any line of service who does not realize that her example is a definite means in bringing about the objects she seeks or in defeating her own purposes, has not reckoned with the strength of the natural inclination among children and most adults to imitate the conduct of others. And on the other hand, the nurse who does understand the strength of this fundamental instinct will not be too impatient with the child who in an untoward social environment lapses frequently from the model in health conduct she has set for him. The closely allied instinct of emulation is so deep-seated that the wise teacher by the careful organization of a group of learners may substitute the personal influence of one or more members of the group itself for her own example, as a continuing and dynamic factor in conduct or behavior.

There are many other instincts such as fear. This instinct is not nearly so dynamic as was once supposed, though I must confess that when I hear some of the teachers and social workers tell how much some children, and adults too, fear contact with water, I sometimes wonder whether this reaction may not indicate the survival of impulses acquired in a remote period of our racial history, when our ancestors lived in the tree tops, high and dry.

The problem of interest is largely solved by an appeal to some fundamental instinct, as for instance the instinct of curiosity in children, or by a proper consideration of the background of personal experience of the individual learner, in the case of both children and adults. Attention may be secured on the positive side by capitalizing interest. On the negative side it may be sustained by shutting out all distractions of an objective and of a subjective character. It may not be inappropriate to remark at this point that if your hospital boards could understand how utterly impossible from psychological considerations alone, it is for the student nurse to give her undivided attention to lectures or to class discussions in the evening hours when she has fully spent her vital force on the exhausting physical labors of the day, and if they could be made to realize how far the nurse-teacher who has been under similar physical and mental strain, must fall short of the power to concentrate her thought and energy under these conditions on a given teaching problem, they would surely find a way to give up further attempts to attain the unattainable.

Let us consider the whole memory and habit-forming aspect of education and our dependence upon educational psychology for the principles which govern it. A very important part of the definitely professional equipment of every nurse consists in her sure remembrance, on occasion, of certain facts of knowledge, certain principles of science, certain arbitrary formulae peculiar to the practice of her craft, and also upon her having mastered the technique of manipulations of certain kinds, to the point where they are to all intents and purposes automatic. At the basis of what is involved in acquiring this skill are certain well defined psychological principles or laws. To attempt to teach without mastering these principles and their application is to play the part of the tyro. To attempt even to study without knowing these principles and their application usually results in much waste of effort and unsatisfactory attainment. Fortunately, practical considerations have given larger relative emphasis to laboratory work in the hospital training schools than in most other types of educational institutions, so it happens that the factor of unconscious imitation is given wider scope than would otherwise be the case. But it is true

in the laboratory work as elsewhere that economy of learning results from the conscious and intelligent application of principles.

A very simple statement of what is involved in the formation of a single habit involving the acquiring of skill in manipulation will serve to illustrate a principle which has much wider application to the whole memory-habit forming aspect of teaching and of learning. Let us suppose you wish to teach a probationer how to make up beds or, to be more definite, a bed. You do not wish merely to have her imitate you in doing it. That may be an effective method, but if your probationer is ordinarily intelligent it is not the most economical method and you wish therefore to rationalize the process. Well, then, you must first give her a clear idea of what she is to accomplish, of what a bed properly made up looks like. With her attention on the finished product as she has seen it or pictured it in imagination from your description, you proceed deliberately to give her a demonstration of the steps to be taken. Her attention is centered in every detail. Then as occasion offers under your inspection she goes through the steps again and yet again until by and by she has become expert and the process has become automatic. That is to say, she has taken step number *one* when she has gotten a clear idea of the thing to be done. She has taken step number *two* when she has fixed her attention on the process and has consciously gone through it to its conclusion. She has taken the *final* step or steps in fixing the habit when, by numerous conscious repetitions of the whole process, she has so completely mastered it that it no longer calls for thought but has become automatic. These three steps are involved in the formation of any habit or in the mastery of any kind of technical skill. They find a close parallel in every form of memory achievement. If I had the time to do so I might show how every standard lesson type grows out of the need for the specific application of some one of the laws involved in learning, just as the conscious formation of a correct habit illustrated above, depends chiefly, after the initial stages, on persistent and self-conscious drill.

One word more and I am through. You will recall that I said that preparation for teaching on a high plane of professional efficiency involves not only a knowledge of the subject matter we would teach and a comprehension of the psychology of teaching and of learning, but in addition a sufficient amount of practice under supervision to make sure that the point of application has been reached. It is with me a well fixed conviction based on much observation, that the effectiveness of hospital class room teaching and all public health nursing that is educational in its intent could be immeasurably increased if as

a part of the definite preparation of young women who contemplate entering on this work, were included courses in the theory and practice of teaching comparable in scope to the training given in these lines at the best normal schools of the country and covering the equivalent of a year's work, in addition to the nurse training course as now given.

CONDITIONS WHICH WILL AID THE INSTRUCTOR TO RENDER HER BEST SERVICE¹

By ELIZABETH BURGESS, R.N.

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One instructor of nurses to whom I wrote asking for suggestions which might be of aid in this paper, replied that if training schools ever came near a standard, a great deal could be done to establish better working conditions for the instructor; but at present it would be hard to outline anything which would be useful, as there are forty-seven varieties. I am not sure whether she meant that to apply to the schools or to the instructor; it could, I think, be applied to both. But for all of our differences I am sure we are united in the desire for good teaching, and there is no doubt that we are also approaching a standard.

By the instructor, I mean the woman engaged by the school to occupy the particular position of nurse teacher, whose special department is the class room. Just what she teaches must rest largely with the school, in no case will there be a dearth of material. Her advent is so recent that only those who have been graduated within the past few years can testify, from the standpoint of the pupil, to the worth of her instruction; and, as yet, comparatively few schools have had the privilege of her presence on their staff.

A short time ago I heard a woman, who as a junior student nurse had had her preliminary science teaching in one of the few colleges which are affiliated with nurse schools, say that one nurse instructor now giving classes in the school with which as a graduate she is connected, is giving instruction in the elementary sciences which so greatly exceeds in value what she had in the college, that she felt no comparison could be made; she pointed out that its greater worth consisted in the close application, richness of illustration, and correlation with the actual work of nursing, which could be made only by a nurse who is also a trained teacher.

¹ Read at the twentieth annual convention of the American Nurses' Association, May 1, 1917.

I by no means wish by citing this instance to depreciate the value of the coöperation of the college and the nurse school, but I see a field for nurse instructors not only in schools of nursing, but in connection with college courses for young women who are in the nursing schools. The particular instructor above referred to is a college graduate, a graduate of a school of nursing and holds the Teachers College diploma for teaching in schools of nursing.

Although this paper refers to this type of teacher, it must not be thought that her advent has in any way lessened the value or the need of other instruction given by both volunteer and paid physicians, or of that given by nurses whose duties are primarily executive. Every principal, assistant, supervisor and head nurse is without question a teacher, even when her teaching is of that unconscious type which is so far-reaching in its effects; each should however be responsible for some part of the formal instruction of the school. The teaching of the physician is invaluable in certain subjects.

I will not in this short paper attempt to point out just which subjects should be taught by the physician and which by the nurse, but I would draw your attention to the fact that we still see courses of study outlined where all the instruction specified under the head of ethics is scheduled as given by a physician. By grouping both physicians and nurses in all departments as teachers, not only is much valuable service preserved, but there is also kept alive the appreciation that the work of the hospital is being done largely by students, and that as students their work must be directed. This group, each one of whom is more or less a specialist in his or her department, forms the most favorable environment for the work of the special instructor.

It is quite true that in the majority of schools the instruction is still given by an overtaxed superintendent of nurses, supplemented by voluntary lectures from the attending staff of physicians and surgeons. That the majority of the graduate nurses of today received their training under these conditions is also true and that we were sent out from those schools with the sound foundation of knowledge which has been the basis of good work, is due to the ceaseless and tremendous efforts put forth by the women longest in our profession who, while bending all their efforts toward making effective the teaching and nursing of the day, were at the same time, with wonderful foresight, working for the establishment of the present Nursing and Health Department of Teachers College, from which are going out yearly increasing numbers of nurses prepared to give as good instruction in schools of nursing as is being given in other schools and colleges. These

things should make us realize the burden that is placed upon the shoulders of the more recent graduates, for the advent of instructors, good class rooms and other good things in some schools, does not make it universal. Every woman interested in nursing in our hospitals, and in sending out nurses into all the fields of work which are clamoring for them, should realize that tremendous efforts are still needed that these nurses may be adequately prepared to meet the increasing service which the public demands and which we as nurses desire to give.

To return, however, to the instructor, no teacher ever entered a more live and interesting field of work, no teacher ever had greater opportunities. She is teaching a curriculum which makes a direct appeal to her student, a curriculum full of social values; there is nothing in the subject matter which, to use words often used by teachers in depreciation, is "dead, abstract, or bookish." The entire material is not only capable of immediate application, but the application is made in response to real needs and under her very eyes. She is, however, entering a field in the hospital where to a great extent she must find her place. The majority of nursing schools with nurse instructors have but one; they must depend on voluntary instructors, the teaching of ward experience, and the part time of those engaged more directly in administrative capacities in the institution.

Aside from the teacher, the principal of the school can do more than anyone to make the work successful. The teacher should be given freedom in the planning of her work. In the same way, supervisors and head nurses should be given opportunity to carry out their own ideas, they should be encouraged to make suggestions for improvement in service and in nursing procedures. Changes should not, of course, be made either in curriculum or in nursing technique without the knowledge and approval of the superintendent, but one's best work is done when directed by interest and initiative. The head of a school who is able to direct initiative without curbing it and who gives credit for good work to those working with her and under her, is advancing the efficiency of the institution; incidentally, she is increasing her own value.

The instructor cannot give her best unless unhandicapped, unless she works in harmony and has the sympathy and the advice of the superintendent of nurses. On the other hand, she must appreciate the difficulties of the administrative side and must herself coöperate. She will work best, as I have said, if the various other graduates are also grouped as teachers, if the school's educational work is not thought of as a classroom affair by the nursing staff. We all know it is not that in the least, and that the class room instruction and the formal

classes are of importance to the extent that they are carried into actual practice in our wards; but many head nurses do not grasp this aspect.

What should be the status of the instructor? She should have the same rank on the educational side as the first assistant on the administrative side, and her value should be recognized not only in rank but in salary. There must be time given for the proper preparation of work.

At a round table conference of instructors on their problems held at the meeting of this association last year, the conclusion was reached that if twenty hours of work is the maximum number required of the high school teacher, and even less required of the college instructor, we can hardly expect efficient work if more than twenty hours is demanded in our schools. This twenty hours means actual class room work. It takes no account of the office hours every instructor should keep for the benefit of students desiring to come to her for aid, or for the many hours of preparation, or for the hours it takes to check and mark students on written quizzes, for the correction of note books and other incidentals. The teacher must also keep her knowledge fresh. I can hardly conceive of the nurse teacher giving the same material over and over, year after year, as we all know to our sorrow our physician lecturers sometimes do. If time is not given to preparation and study, proper class work will not result.

This calls to mind a personal experience as an instructor. I had been teaching a class in practical nursing in the demonstration room of a school, a two-hour period; after dismissing the students, I picked up my books and stepped into the adjoining lecture room to get something which I desired to take to my office. As I entered, there rose up a group of students, most respectful and expectant. They were a great surprise, but I realized at once from their manner that it was I whom they expected, although what the class was, I had not the least conception. I resorted to the teachers' sometimes abused question and asked one young woman to summarize the last lesson. Only then did I discover it to be a class in solutions. While I have laughed over that incident many times, I believe we will all agree that it was possible the teacher was not being given an opportunity to do her best work. She was being as rushed as is the superintendent who, when she has been working at the top notch all the morning amid all kinds of problems and telephone messages, suddenly remembers, or is more likely reminded, that she is scheduled for a class in ethics. We should not do the students and hospital an injustice by crowding the teacher.

A very reasonable privilege, I believe, would be the giving of an

additional month's vacation, if not each year then every second year, with the understanding that every two years the teacher will add to her value by attending summer school, thus not only adding to her knowledge but keeping what she has fresh and up-to-date. She should have her private office, away from the executive offices if possible, it is well to have it near the class rooms. Students should be encouraged to go to her for help.

Not only must she give to her work thorough and conscientious preparation, but she must have a sympathetic insight into the needs of her students, and this last is not gained entirely through class room contact.

The relation of instructor and student must be a different one from the old relationship of superintendent and pupil nurse. The discipline of the school, and by discipline I refer here to the insistence on obedience, exactness, courtesy, etc., those things so essential in a well organized hospital, need not be interfered with in the least by the instructor knowing her students. She is not primarily a dispenser of discipline, although she should not ignore infringements of rules which come to her notice. She may in fact be the greatest aid the superintendent has in this regard, because of this more intimate knowledge. Our students, most of them young, need to be helped to independence, not an independence which means an unreadiness to conform to regulations, but to a readiness of action, an alertness of mind and discipline of self. This teaching and aid fall to the share of the instructor, it is one of her privileges which is not wholly included in the twenty hours of class room work.

There must be books, reference books and magazines, and the students must have ready access to them and have opportunity to use them. The pupils must have time also for study, and must not be so fagged that the time of the best instructor will be wasted.

Miss Susan Watson, instructor at the Peter Bent Brigham Hospital, feels that two factors contribute largely to her success. They are that for the first four months the probationers do not go on the wards, and there is no divided interest or fatigued bodies to contend with. She says, "We have never had any lack of interest, and the fact that the probationers have a chance to become acclimated before beginning on the wards is the reason some give for coming here to train." The second factor she names is the one I have already spoken of, the freedom given by the superintendent of nurses to the instructor, allowing her to carry out her ideas without interference, with helpful interest rather than adverse criticism. Miss Watson feels also that the excellent physical condition of her pupils has helped much in her work.

While I, at present, believe that some ward experience is valuable to a probationer in connection with her class work, a teacher giving instruction in the elementary sciences to a preliminary class would, without doubt, be largely helped by the condition which Miss Watson advocates.

There must be equipment, both laboratory and demonstration, there must be class rooms, but the equipment need not be elaborate; it must be added to, replaced and kept in good condition. These conditions must exist if instructors are to render their best service and continue in the teaching field.

Is it advisable that the teaching of theory be done wholly by one person and the teaching of nursing technique by another? There are differences of opinion; it is probably simpler in a large school for one to teach the sciences in their application to nursing, and to have the actual technique taught by another. Personally, I am very fond of teaching, and I believe there is no more gratifying work than teaching probationers and student nurses, but I would never be quite satisfied to teach the sciences only, I want to teach them how to apply this knowledge, how to give baths and make mustard pastes. This is probably because nurse teachers are essentially nurses and the desire for personal service is strong. However instructors may feel regarding this, I am sure all will agree that no teaching which they may do is more valuable than that done at the bedside, and that it is essential that the instructor keep closely in touch with practical nursing, even if she is not privileged to hold some of the classes.

I cannot close without testifying from personal experience to the value of the instructor. It has been my privilege for the past five years to have an instructor as one of my assistants. During that time two women have held the post. Both were graduates of Teachers College, they had not ideal conditions or all the aids which I have tried to outline, but their work was invaluable, their coöperation perfect, and their interest as great as my own. I feel certain that no superintendent would do without this help if she realized its value and if it were possible for her to secure it.

TEACHING PROBLEMS OF PUBLIC HEALTH INSTRUCTORS¹

BY ANNE HERVEY STRONG

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Of all the problems confronting public health instructors just now one problem is of prime importance. I wish to discuss it this morning, passing over, though with regret, other more technical ones that I had intended, until a few days ago, to bring forward at this time.

Every thoughtful woman in public health work sees on the one hand enormous need of the work that nurses can do, not only to save life but to increase the physical efficiency of the nation; on the other hand, she sees the totally inadequate number of nurses already trained for public health nursing, the prospect of greatly increased need in the future, and the possibility of greatly decreased numbers of women preparing to meet it. Today each one of us is asking herself the same question: How can I with my experience and ability serve most effectively in this crisis that we as a nation are passing through? And I am convinced that we who are teachers of public health nurses can at least for the present serve best by training the greatest possible number of nurses for the work of health conservation. This is a teaching problem clearly, because without students we cannot teach. I will try to show just why I consider public health nursing a patriotic service, just why it is a national need, and just why I feel that our greatest problem is to obtain greatly increased numbers of nurses for our training courses in New York, Philadelphia, Cleveland, Chicago, Boston, and elsewhere.

We have come a long way since the time when victory was believed to depend only on those actually fighting on the battle field. It seems incredible now that anyone ever believed it. It has become a commonplace that preparedness either for peace or for war depends equally on industrial organization and conservation of national resources. Of all our national resources, human life is the most important. Public health nursing directly contributes toward the conservation of human life; this is the fact that I want chiefly to emphasize today.

I should hardly be speaking as I do, if the public health nurse's work were merely bedside nursing, or if it concerned itself merely with the welfare of sick persons, fundamental and necessary as such service is. This she does and will continue to do; but her most important function is not the cure but the prevention of sickness. Six years ago, Dr. Winslow

¹ Read at the twentieth annual convention of the American Nurses' Association, May 1, 1917.

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called the visiting nurse, "the most important figure in the modern movement for the protection of public health;" and since then her field of usefulness and her usefulness in her field have enormously expanded. Her contribution to the public safety is her preventive work.

It is hard to show by figures and diagrams the value of any preventive work. No one can say just how many cases of malnutrition nurses prevented last year by teaching mothers how to feed their children, or how many cases of cardiac disease they prevented by keeping the child with scarlet fever from infecting his brothers and sisters. The nurse is not the only health agent at work, and we do not wish, even if we could, to give her glory beyond her due. Some results can be measured, however, and in order to illustrate the kind of preventive work done by public health nurses, I should like to describe two studies recently published.

The first is a study, by Mr. Michael Davis, of prenatal care given during the years 1914 and 1915 to 731 pregnant women in five wards of Boston. This care included work done by prenatal clinics and medical attendants at delivery, so that the nurse, though essential, was not the only factor. Her work consisted of visits at ten-day intervals, persuading expectant mothers to attend a prenatal clinic, instructing mothers as to the hygiene of pregnancy and preparation for confinement, followed by nursing visits for about two weeks after delivery. Details of the experiment I will not go into; they are available in print. The important point is that the death rate among these babies where the mothers had prenatal care was reduced from one-half to one-third of that found among babies not receiving prenatal care in these same wards, during the same period. This reduction held for the first week, the first month and the first year of life. Not less striking is the fact that the proportion of still births was only one-half that of the general population.

We must face the fact that at no distant day men of our nation may be called upon to die, fighting for their country on land or on sea. Is it not then doubly worth while to save the lives of these babies?

General Baden-Powell, in the first annual report of the Canadian Patriotic Fund, has said:

The true victory will lie not so much in the actual tactical gain on the battlefield today as in the quality of the men who have to carry on the work of the country after the war. War kills off the best of a nation's manhood; therefore, extra care must be exercised to save every child, not for its own sake or for its parents' sake but for the sake of the nation. It has got to be saved from infant mortality, then from ill health, and finally from drifting into being waste human

material. We must economize our human material. Each individual must be made (1) healthy and strong, (2) endowed with character for becoming a valuable citizen for the state.

The other illustration that I should like to give you shows some results of the visiting nurse service of the Metropolitan Life Insurance Company. This company has over 10,000,000 industrial policy holders, and the study applies to the diseases causing nearly half the white mortality in 1911. After allowance had been made for all other factors known to the statisticians, the reduction in death benefits due to the nursing service and public health education was 12.8 per cent. That means, of course, saving the lives of nearly 13 per cent of this vast number of people. Reduction in the death rate always means reduction in sickness as well, so that improved health as well as the saving of life has been the result of the nursing service. Is not any saving of life, necessary as it is in time of peace, doubly necessary for a nation at war?

I hardly need to go back to the time when nurses began their work in public schools, and tell you how school nursing first made school medical inspection effective. Statistics are available to us all, showing results in remedying physical defects and controlling communicable diseases. I should like now to connect these well-known facts in your minds with a statement I saw recently, to the effect that in New York City, last summer, 75 per cent of the men who applied to enlist in the National Guard for service on the Mexican Border were rejected by the recruiting officers for physical disability. A large number of these rejections was due to heart lesions, kidney disease, and such disabilities as defective teeth, hearing and vision. If, as children, these men had received the treatment for their defective eyes and ears and teeth and tonsils that is given wherever effective health work is carried on in schools, if the germs of scarlet fever and measles and diphtheria that impaired their kidneys and hearts and hearing had been destroyed before reaching them, we may safely say that not only the spirit but the bodies of many of this 75 per cent would have been fit for service. Surely it is a grave situation when three-quarters of a large body of young men are unfit for active service.

In Great Britain after two years of war, a committee on health of munition workers said:

At the present time when war is destroying so much of its best manhood, the nation is under special obligation to secure that the rising generation grows up strong and hardy, both in body and character. It is necessary to guard not only against immediate breakdown, but also against the imposition of strains that may stunt future growth and development.

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This is no time to turn our attention away from the health needs of children. It is a time rather to redouble our efforts to increase the number of school nurses and infant welfare nurses, until adequate provision has been made to meet the health needs of every child in every state of the Union.

If European experience during this war has shown one thing more clearly than another, it has shown the part played by organization for national defense of all forms of labor and technical skill. Not only those in the firing line are giving full measure of patriotic service, but equally those who are keeping alive the fundamental industries, without which no army can continue the struggle, without which no modern nation can live.

Among the famous 100,000 that first went from England to the trenches in France were physicians, engineers, mechanics, and other skilled workers. The greater need of these men at home was demonstrated, in many cases too late. We have been warned to avoid such blunders. We shall doubtless make our own original blunders in our own original way; but specially trained workers should be very sure they are right before giving up necessary work that they and no others can do.

I should be sorry to give the impression that I consider public health nursing the only way, or necessarily the best way, for a nurse to serve, and I should be distressed to have any one think that I am urging against enrolling in the Red Cross, on whose National Committee on Nursing Service I have the honor to serve. This, I am far from either thinking or doing. I do, however, think that young graduates, fresh from their surgical experience are at least as good and probably better for Red Cross work than public health nurses whose hospital experience is necessarily more remote. On the other hand, the only person who can fill the place of a specially trained public health nurse is another specially trained public health nurse. If the time should come when public health nurses are more needed in the Red Cross than in their own communities, I do not need to tell you where we shall all be found; but our duty seems clear as long as equally or better qualified nurses are available.

The full horror of war we cannot realize now and perhaps we never shall. Yet we cannot blind ourselves to the fact that the threatened food shortage alone is cause for grave anxiety. Mr. Hames Storrow, chairman of Governor McCall's Committee on Public Safety, said recently:

We are seeing the greatest dearth of food the world has ever seen. Moreover, though we ourselves need food we are in duty bound to supply it to the

Allies with whom we have joined forces. We cannot sit at home feeding ourselves while they are out on the battlefield hungry. . . . Half the poultry raised in Massachusetts is being killed because of the lack of grain, and farmers in New England are killing their cows. In consequence there will be a shortage of eggs and milk.

He predicted that the nation's grain crop will be 60 per cent below normal. We know only too well what actual shortage of food will mean to the poor. The high cost of food now is serious enough. Utilizing to the best advantage whatever food there is will become increasingly important. "Every housewife," said Mr. Wilson, in his proclamation of April 15, "who practises strict economy puts herself in the ranks of those who serve the nation." Teaching women in their homes how to feed their families is one of the duties of tuberculosis nurses, infant welfare nurses, school nurses and all other public health nurses. The less food there is, the more is such teaching needed. In the interest of national efficiency it must not be curtailed.

The supply of nurses with special training for public health work is now entirely inadequate; in the future the need will be greatly increased. This is true in all forms of social work. We shall have more under-nourished children, more bottle-fed babies of mothers working away from home, more destitute families, more poverty, more sickness. To meet this as far as nurses can, we shall need greatly increased numbers of women trained for such work. To obtain these students is the most important problem of public health instructors today, and I want to make the strongest appeal I can to the profession as a whole to help in supplying this need. I want especially to appeal to superintendents of training schools to bring it to the attention of their pupils. The expense of a post-graduate course is an obstacle; but the question now is not whether we can afford to make ourselves as useful as possible to our country, but whether we can afford *not to*.

In closing, I want to say that I wish President Wilson had included women in his plan for the selective draft. In Europe, war has already shown the value of women's work for national defense. Very many women, I believe, would welcome an organization competent to direct them either to continue their regular work, or to assign them to other work where their particular experience and ability would ultimately be more effective. As no such demand has been made upon women, it remains for us, each for herself, to decide, soberly, unselfishly, patriotically, just where and how in the long run we can serve our country best. "The supreme test of the nation has come," said Mr. Wilson, "we must all speak, act, and serve together!"

THE RELATION OF THE PRIVATE DUTY NURSE TO THE
PUBLIC, AS AN EDUCATOR¹

By CAROLYN GRAY, R.N.

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My many years of hospital work point with accusing fingers at the few months of private duty experience which I have to my credit. Yet those few months have done valiant service in helping me to understand some of the problems of the private duty nurse, and have filled me with respect for the women who are able to do this executive work so successfully year after year. It is therefore with a feeling of admiration and a very keen appreciation of the difficulties which beset the pathway of a private nurse, that I attempt to speak of her opportunities as an educator.

One is reluctantly forced to admit that many nurses are not, in any true sense of the word, educators. This is a lamentable fact, and the responsibility for it must be put on the schools that have attempted to train them, but have failed to make them realize how numerous and diversified their opportunities are. Private nursing is a most important field, and needs many of the best recruits we can give to it. Granted that it has many disadvantages, it also has many compensations, not the least of which is the heartfelt appreciation shown by the majority of those served. No one can deny that the private duty nurse is at the present time a public benefactor, but no one has ever yet dreamed of the good she might do if she were better equipped for her work.

Because I want to stimulate your imagination, I am going to ask you to visualize as clearly as possible your ideal nurse. Endow her with all the physical qualities, all the mental qualities you think she should possess. Dress her in the uniform that appeals most strongly to you. Add any touches that will make her more satisfying, and more nearly perfect in your opinion. Then, presuppose that she has had the scientific knowledge of hygiene, psychology, sociology, and all other "ologies" that she will need. It is just here that I always experience difficulty in filling in the picture of my ideal nurse, because almost every day I hear of some other branch of human knowledge that it is absolutely necessary my nurse should have.

Let us follow our nurse as she goes about her work, sometimes in the homes of the poor, at other times in the homes of the rich, for need of her service opens every door to her and makes the circle of

¹ Read at the twentieth annual convention of the American Nurses' Association, May 1, 1917.

her influence almost limitless. In almost every type of home there are many problems other than the care of the patient, which the nurse, if she be a keen observer, cannot fail to appreciate. Our ideas regarding the proper care of children have been modified to a great extent in recent years, and the opportunities for suggesting wiser care, more rational feeding, a more sympathetic recognition of childhood's limitations, particularly where there is any abnormal mental or physical condition, present themselves in endless variety. In the homes of the poor it might be possible for her to suggest a wiser outlay of the small income, showing possible economies, especially in buying food with high nutritive value for a limited expenditure of money. She could also serve as a connecting link between the families of the poor and the many agencies of relief, advising them to whom to apply for the specific help needed.

Much has been done to increase interest in the maintenance of health and to disseminate a knowledge of hygiene, but even after such knowledge has become common property, it often fails to function in the lives of men and women until *someone* has applied it and shown how to adapt it to the special needs of the individual and his environment. Not infrequently, an attack of illness puts the patient in an appreciative frame of mind, which makes him or her a very apt pupil. This represents a valuable opportunity for a most useful form of education, and it is to the credit of our ideal nurse that she is well enough equipped to make good use of all such opportunities.

In addition, think how often it is possible for her to interpret the rich to the poor and *vice versa*, as well as to show how the right solution of social problems affects not one special group but *all* the members of a community. We are daily coming to recognize more fully the interrelationship of different classes. We have learned from sad experience that the unhealthful condition of our slums affects not only the slum dwellers but the residents of our most exclusive sections. Tuberculosis is no respecter of persons and, though it often originates in the slums, it may easily be carried far from them. I am reminded of the experience of a woman serving as a factory inspector, who found among the packers of sanitary drinking cups a girl in an advanced stage of tuberculosis. The health of all who use drinking cups was endangered by the conditions that made this possible; it is the duty of the nurse to bring home such knowledge to those who can use it, as a weapon for prevention.

For three years we have stood aloof and watched the gigantic struggle going on in Europe. Despite the warning voice of prophets we, as a people, have felt it the part of wisdom to keep out of the struggle and have quieted our conscience by sending such alms as we

could spare. Latterly, our attitude has entirely changed, and I interpret all our war preparations as an evidence of our realization that the solution of the European problem affects not only Europeans but the whole civilized world. If our nurse has a broad enough social viewpoint to recognize the value of the diversity of national characteristics and also the common needs of all peoples, she can, as she goes from home to home, be a potent factor in instilling an idea of internationalism that will help to make those with whom she comes in contact *humane* as well as *patriotic*.

Always and everywhere, our ideal nurse should serve as a recruiting officer to the ranks of pupil nurses. She knows full well that the demands that training makes are more than offset by the fascination nursing has for the woman who really finds it her vocation. With so many recruiting officers, our ranks should be well filled. The fact that they are not makes one wonder why. I have often wished it were possible to have all the graduates of our schools answer this question. From a wide variety of answers, I suspect we would find that long hours are a determining factor in keeping many young women out of our profession. Perhaps it is only honest for us to admit that the governing boards of training schools have made many of the conditions such that our private duty nurses, who know these conditions, have educated the public to believe that the life of a nurse is undesirable. If our schools and their graduates, through their alumnae associations, could coöperate with the governing boards of training schools to improve these conditions, it might, perhaps, be possible to make the advantages so apparent that those who have been kept away by the long hours and other limitations would gladly join our ranks.

Moreover, an honest interpretation of the history of nursing schools and their relative position in many hospitals, forces one to realize that they will never attain their maximum of usefulness until they are endowed. It is the private duty nurse who comes in contact with those who have the means and would have the desire to endow our schools if they knew the benefits that would result from such endowments. This opportunity is indeed a privilege, and one that many private duty nurses are not cognizant of.

Last of all, our ideal nurse has a wonderful opportunity to educate the public regarding the necessity for nursing legislation. Every bill introduced by nurses in every one of the states that has nursing laws, has had for its purpose: (1) Improvement of the care of the sick; (2) Better education of the nurse so as to fit her to give this care; (3) Protection of the people by making it possible for them to differentiate between the nurses who have qualified themselves and those

who have not. Not until public opinion has been educated to realize that the legislation for which we are working will really benefit the public, even more than the nurse, will the opposition be overcome. We are convinced that public opinion in regard to nursing problems depends more on the private nurse than upon any other representative of our profession. Perhaps when each and every private nurse makes it her special business to know all about proposed nursing legislation, and is able to meet the arguments for and against it intelligently, so that each one does her share to educate public opinion, we shall find we have more friends than we need.

In conclusion, I would summarize the opportunities of the private duty nurse as an educator, as follows: (1) In the application of scientific knowledge to various problems of the home: (a) Training and feeding of children; (b) wise expenditure of limited income; (c) application of hygienic principles to individual needs. (2) In the application of social science to social problems. (3) By serving as an ideal to young women seeking their vocation. (4) By helping to improve the quality of public opinion regarding the scope and importance of nursing, and the need for endowment of nursing schools. (5) By enlightening the public regarding the purpose of and necessity for so-called nursing bills.

If the ideal nurse whom we have in mind is to act as an educator along these various lines, she must of necessity keep herself informed of the scientific discoveries that affect her work and she must know enough about the different problems with which the members of her profession are struggling, to discuss them intelligently. I anticipate that some of you are questioning how she, with her long hours of arduous work, can possibly do this. My answer would be:

Let her, *First*, take advantage of the literature published by the boards of health of our cities and states, of the various pamphlets published by insurance companies, as well as the popular books on health subjects which are available in most of our public libraries. *Second*, join the Alumnae Association of her school and take an active part in all that her alumnae attempts to do. *Third*, subscribe to the *AMERICAN JOURNAL OF NURSING* and the *Modern Hospital*. *Fourth*, attend as many of the meetings of the state and national associations as possible. This will be a good beginning, as it will suggest new possibilities and additional means for improvement.

If our ideal nurse is to be able to meet all these opportunities intelligently, can nature endow her too generously, or nursing schools overeducate her? Rather, is it not necessary that such an important connecting link between our schools and the public should be, in a very true sense, an *ideal nurse*?

THE RELATION OF THE PRIVATE DUTY NURSE TO THE
PUBLIC, AS A SOCIAL WORKER¹

By MARIE T. LOCKWOOD

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Get your meaning first of all! Ask the question until it is answered past question, What am I? What do I stand for? What name do I bear in the register of forces?—*William Gannett.*

The private duty nurse has always been doing social work, whether she has known it or not. Just what grade of work it has been, has depended largely on the individual woman. Few people, in any capacity, have a greater opportunity to do social work than trained nurses, and surely none are better equipped to handle certain social questions than the nurse with social training. However, this paper is not to deal entirely with the nurse who has had social training, but with all nurses, wheresoever and howsoever situated.

To realize something of the far-reaching influence that radiates from the activities of a nurse, be she in ever so obscure a family, definitely points out her responsibility to the social fabric. I have known communities aroused to social action entirely through the message of a nurse, and I have known community action smothered and killed by spineless placidity or by well-meaning porcupines. The business of a nurse is eternal interpretation. She delivers the message and waits the answer, and fights off the "bugaboos" along the route. There is hardly a corner of this big land of ours that her route has not covered, hence the necessity for having this medium of interpretation, the best equipped. The more isolated a nurse is from nursing activities, the greater is her influence in social work.

I should suggest the best possible nurse for developing rural communities for the same reason that the best ministers should be in country churches, for it is here that each has the biggest opportunity to do really lasting good. It is here, too, that the nurse of refinement, education and training is most necessary. The imprint of a nurse's influence upon her own work and that of other nurses is well nigh indelible through her intimate relationships to family machinery. Nothing is harder to erase than impressions nurses leave, and woe betide her successor whatever she was. If good favor followed her, one has to step lively to keep up to the Miss Perfection who preceded, and if ill-favor starred her course, the discredit mark placed opposite all

¹ Read at the twentieth annual convention of the American Nurses' Association, May 1, 1917.

nurses' names will take a long time to wipe out, if it can ever be wholly effaced.

I name the three requisites: refinement, education, and training in the rotation that should prevail, believing that howsoever faulty one's educational advantages may have been, or howsoever meagre one's training school facilities, no truly refined woman can ever leave muddy tracks.

Nurses need to identify themselves with other women's activities and interests. Most of us settle down to too narrow a rut. If "women need education, need economic independence, need political enfranchisement, need social equality and friendship, because without them they are less able to do their duty to themselves and to other neighbors," then how can nurses afford to be negative anywhere?

We stand for life and health, and a stand for any principle must be vital and should make us better, for this is our work; and being workers, we add to the world's worth and increase everybody's share. In order to increase this worth each one must use her power for more intelligent social value.

Today, our system of training women in hospitals is undergoing a great, broadening, educational readjustment. Post-graduate courses, close mingling with other important social agencies are opening up vistas of heretofore closed gardens of endeavor. Every nurse who finds herself in a strange community has only to ponder what seed she may be sowing for future reaping, to realize that she is related to the great whole; whether she puts a spoke or a spike in the wheel of progress, rests with her idea of correlated service.

Many nurses unversed even in the elementary rudiments of social work rush in to straighten out social tangles which require a social expert. Poorly trained social workers itch to handle and mangle medical problems, which shows that intolerance and impatience are daughters of ignorance, and that the better we know our own limitations and appreciate the fitness of others along special lines, the better social work we stand for in our midst.

To call to our help the agencies about us, to fill in the gaps with the service of others who can render it better than we, means coöperative intelligence. Nurses must remember that one's life as an individual in society is not unrelated or isolated, that the most highly individualized person, and the only one who can't work with others, is the inmate of the insane asylum. Whether we make our social service adequate, expert, or poor, rests with our understanding of social efficiency. Let us broaden that understanding.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

Collaborators: S. LILLIAN CLAYTON AND ANNA C. JAMMÉ

RECRUITING FOR THE NEW NURSING ARMY

In the last number of the JOURNAL, the critical nature of the present nursing situation was discussed by the representatives of several of our national nursing organizations, and it was generally agreed that the most immediate need, apart from the mobilization and the more complete utilization of all our available nursing forces, is for new nursing recruits. The question is where to get the new recruits and how to make them see that this is a highly important, vitally necessary and essentially patriotic form of service. There is no need to manufacture interest in nursing at the present time, because the country is full of it. Almost all the young women one meets and many who are no longer young confess to a burning desire to nurse the sick (soldiers, of course by preference). We can eliminate a larger proportion of these who are very evidently of the hopelessly sentimental or adventuress type so unpleasantly familiar in war times, and still have a good proportion of earnest, wholesome young women who really want to help, but who do not know just how to make their services available. A great many of these only need to be told of the gaps in the regular nursing army that have to be filled, and of the exceptional opportunity for immediate and practical service in hospitals at home, to make them enlist at once. But there is still a larger group who declare themselves interested and keenly anxious to serve in some form of nursing work, but who hesitate when a definite period of training is suggested. They cling to the belief that war creates a demand for a different standard of nursing service than any of them would be willing to accept in times of peace, that sick soldiers are inherently different in some intangible way from other kinds of sick people, and that there is something especially patriotic and meritorious in being a volunteer free-lance, instead of a regularly enlisted member of the nursing army. They point to the numbers of amateurs who have served in hospitals abroad, and they beg that an opportunity be given them to show their patriotism and devotion in a similar way.

If there were not some very good women in the group, it would not be worth our while to reason with them and show them just why we put so much emphasis on training and why the service of unskilled volunteers is likely to be inadequate and unsatisfactory to themselves and everyone else concerned. But we owe it to them as well as to the

general public to clear up the confused and erroneous ideas about nursing that are floating around and to direct them to lines of effort that will be more effective and more satisfying.

In the first place, this country is not at all in the same situation as was France, where war hospitals have been manned almost entirely by volunteers. France has, of course, practically no trained nurses as we understand the term, and has been obliged to fall back upon all kinds of untrained helpers. She is in about the same condition as regards nursing as this country was fifty years ago, and she has paid dearly for her neglect of this branch of modern science. England was plunged suddenly into the war and had to organize rapidly an extensive hospital service, so she followed the traditional method of utilizing volunteers for a part of the nursing service. Canada, however, whose problem and resources are more nearly similar to those of this country, has insisted from the beginning on a trained nursing service and if she has been able, as she has, for these three years, to keep up a constant supply for all her armies abroad, it should not be beyond the power of her rich and progressive neighbor to afford as complete protection for her men. This is a matter not only of lives, but of national prestige. A country which is justly noted for its splendid hospital and nursing system cannot afford to be represented abroad by anything but the best that she can produce, and it should be a matter of sincere congratulation to all American citizens and particularly to the mothers or friends of the men, that this country is able in this serious crisis to call upon the best-organized and best-equipped nursing army that any country has yet enlisted. President Wilson's statement that this is no war for amateurs, has peculiar application to the nursing service, the last stronghold of the untrained free-lance in modern warfare. It would be not only humiliating but criminal if the people of this country should allow a repetition of the Spanish-American war experiences where thousands of lives were lost for lack of just these precautions.

There is of course always a possibility that we may in the last resort be compelled to utilize some form of volunteer, semi-trained nursing service in this country, but we should make it very clear to the public as well as to our Boards of Managers (who are not always very farsighted in such matters) that such a plan is at the best only a makeshift and generally a very unsatisfactory one.

We have every evidence to show that the introduction of amateur nurses into the complications and confusions of hospital work in the war zone, entails serious risks to patients, imposes added burdens on the already overburdened nursing staff, and leads to considerable disorganization of the whole nursing and medical service. It would therefore be in the home hospitals that volunteers should be utilized, if anywhere. Here, even with a carefully limited selection of duties and

constant supervision by staff nurses, a volunteer, amateur nursing service will unquestionably prove itself less competent and satisfactory than a good pupil nursing service, for certain very obvious reasons. First, the pupil is selected and tested and is obliged to measure up to certain required standards of work and conduct, while the volunteer is usually admitted with very little regard to such qualifications. The pupil enters with the specific purpose of mastering this branch of work and so is more likely to approach her task seriously with a keener interest and greater concentration than one who has simply a passing interest in it. She knows that her present and future success depends on her maintaining a fairly high quality of service and she is more likely to put forth her best effort than the woman who knows that she may drop the work any day. The pupil finds her place at once as an integral part of the hospital organization, and can be depended upon for a regular and relatively permanent service which steadily increases in value to the hospital. Instead of being restricted to a few more or less routine tasks, she is able to undertake more and more responsible duties and finally to take her place as an expert graduate nurse, ready for almost any kind of service she may be called upon to perform.

All the time and effort spent in teaching and supervising the pupil nurse is productive, it brings in a definite return to the hospital and the profession, but the hours and hours spent by a busy hospital staff in initiating and supervising one relay after another of temporary volunteer workers, is practically a waste of time, so far as the hospital and the profession are concerned, and unless the staff can be increased it is a serious injustice to the pupils who are paying a high price in long and continuous service for this teaching and supervision. It may be thought that such unskilled workers could be relegated to simple tasks which need no supervision, but in a hospital everything is important if the patient is to be safe-guarded and the work carried on effectively. The great danger is that in an emergency the untrained person will be pushed forward into responsible duties for which she is in no sense prepared. For this reason, everyone serving in a hospital needs a certain amount of sound teaching and training. It entails very little additional expense or time to teach and train a few more pupil nurses, but a different kind of worker always means a different kind of instruction and a more complicated organization.

This is no reflection whatever on the volunteer worker herself. Her interest and good-will are usually genuine, and her patriotic spirit need not be questioned. Often her intelligence and zeal may be superior to that of some pupil nurses, but she is handicapped all through by her inadequate preparation and her status as an outsider and an amateur. One very strong reason for putting all our efforts now into securing and training more pupil nurses, rather than encouraging young

women to enter for the various short courses that are being offered, is that we may help to turn the great tides of interest in nursing which are now sweeping the country, into channels of substantial and permanent service and not let them waste themselves in relatively futile and unproductive forms of effort. No matter how emotional and irrational the initial impulse may be, most ordinarily intelligent young women can be made to see that they can give a finer and worthier service to their country if they are skilled and intelligent workers, and not just dabblers, and that they will be putting in their time to much better advantage if they start with the idea of mastering the thing they are doing. Besides the greater satisfaction involved, it shows a much higher spirit of patriotism and devotion to be willing to do as so many men have done, give up everything for an indefinite period of time and buckle down to steady and arduous training in order that their services may really count for something in this national crisis.

Women are surely not less patriotic or less serious in their purposes than men, and they have the additional inducement for preparation, in this branch at least, that from the very beginning they are not only helping in a most direct and vital way to carry on the work in our hospitals at home and release trained women for service on the firing line, but every month of training is adding to their own efficiency and is steadily preparing them for a future career of wide opportunity, a professional position of recognized importance, and an occupation where they can be self-supporting and independent.

While the immediate impulse toward nursing work at the present time is usually aroused by horror and pity at the dreadful wastage of life due to war, it is a good opportunity to point out that this loss of life though more spectacular is not a bit more disastrous or depleting to national strength or more distressing to friends and relatives than the loss from the millions of lives that are allowed to dribble away each year through ignorance and neglect. In Canada the deaths from typhoid fever and tuberculosis alone during the period of the war (17,350) have exceeded the deaths from all causes, of soldiers in the Canadian army by 1,584. Half, at least, of these lives could have been saved. Those who are eager to help staunch the wounds caused by war, are not in the least more heroic or self-sacrificing or patriotic than the nurses who are quietly going about every day in hospitals and tenements, fighting incessantly this battle with disease and death, and steadily laying the foundations for a healthier and sounder world in the future. Recruits for this permanent army are just as badly needed in times of peace as in times of war, and there will be just as ample opportunity to demonstrate all the qualities of courage and endurance and leadership in these battlefields as in the trenches of France.

In the face of all these crying needs we are fully justified in urging the training on all young women with the proper qualifications who are free and ready to serve in this way. It is the final test of their sincerity, their intelligence and their sense of national duty. There may be many objections on the basis of hours, regulations, etc., but there are surely similar objections to army and navy service and to many other branches of wartime work. Some of the conditions of training we frankly disapprove, ourselves, and are anxious to improve. Some things are hard, but no good soldier would shirk any duty on that account. Besides there are ample compensations. Unlike the regular army, there is no compulsion for any recruit to remain if she does not care for the service. She has everything to gain and nothing to lose by enlisting.

The Committee on Nursing of the General Medical Committee on National Service has launched an energetic campaign of publicity, directed particularly to young college women and recent graduates of high schools and private schools. Copies of the leaflets and other literature sent out may be obtained from Miss Crandall, Secretary of the Committee on Nursing, Munsey Building, Washington, D. C. The Committee on Women's War Work of Columbia University will also send its bulletin on "Nursing as a Field of National Service for Women" on request. Copies of the pamphlet "Opportunities in the Field of Nursing" which is published by the Alumnae of the Nursing and Health Department, Teachers College, Columbia University, may be obtained for ten cents a copy, and in larger numbers at a somewhat lower rate.

Hospitals and local organizations of nurses are urged to unite in supplementing these general efforts by a more intensive and personal campaign of education in their own communities. The points outlined above, as well as general information on positions and salaries open to nurses, the scope and nature of the training, etc., may be presented in talks and lantern lectures, through dignified and effective articles in local newspapers, and through personal conferences with everyone who can be interested. Besides college and high school groups, we should try to reach young peoples' societies, church guilds, social clubs, civic clubs, and every kind of organization where we are likely to find intelligent, earnest, and available young women or friends through whom they can be reached.

The response so far has been remarkably good. Women are in a heroic mood just now and they are certainly waking up on the subject of nursing. We have only to make these new recruits feel as we do, that the work is peculiarly satisfying and very much worth while, and that their services are appreciated and needed, to be assured of an ample supply of recruits for the immediate future at least.

NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

Reports of the high prices of food continue to come from Austria and Germany. Green peas are selling at \$1.45 for about two pounds; young chickens, \$2.50 each; olive oil, \$10 a quart; butter, \$5 a pound; 3 pounds of meat for \$5. Milk is positively not to be had; for cream, an unappetizing liquid which was once skim milk, costs 60 cents a pint. There is no cheese, and potatoes are not to be had. It is pointed out that Germany is making no effort to relieve the sufferings of her people by sending some of her warships out with the U-boats to rescue the cargoes of food in the torpedoed ships, which are now sent to the bottom.

Dark days are coming to Berlin. Owing to the coal shortage and difficulties of transportation, an order has been issued restricting the lighting of stores, hotels and restaurants to one-fifth of the degree permitted normally.

Khaki clad young women, at first confined to the Red Cross section of the British Army, are now being employed in many departments, releasing men for service in the trenches. In the clerical work at the chief bases, they have largely displaced men. Six hundred young women carpenters are at work building army huts. Some units of women workers are housed in huts, others billeted in hotels. Each unit has its own supervisors and chaperones.

The Duke of Wellington, writing to his mother after the battle of Waterloo, thus describes the operations of the German legions, at that time allies of the British. "I can assure you that from the general of the Germans down to the smallest drummer boy in their legion, the earth never groaned with such a lot of murdering, infamous villains. They murdered, robbed and ill-treated the peasantry, wherever they went." Blücher was with difficulty restrained from plundering the Bank of France. The cruelty of the German soldiery is no new thing. Robert Southey, describing a visit to Belgium, after the battle at Waterloo, says, "You will be rejoiced to hear that the British are well spoken of, for their deportment in peace and war. It is far otherwise with the Prussians. Concerning them, there is but one opinion; of their brutality and intolerable insolence I have had but too many proofs."

After the battle of Messine over one-fourth of all the wounded were cleared from the Canadian aid stations. This meant great exertion for a long stretch of hours on the part of nurses and doctors. By far the greater number of casualties were from shell splinters. There were few bullet wounds from machine guns or rifles, and scarcely any from bayonets, except in the case of the German wounded. The last plans of the enemy for the defence of the ridge failed to work.

A French correspondent at the Flanders front says that Prince Rupprecht's troops entered the fight dejectedly and without spirit. Secret orders taken from the prisoners show that behind each section marches an officer whose duty it is to shoot the laggards. He is supported by two machine guns. The wounds of many of the German dead and the statements of prisoners prove that these guns were kept busy urging forward the waves of troops into the hell of the British fire. A Bavarian writing home said, "When the British mines exploded we thought hell had opened to receive us."

Digging trenches by hand has almost been discarded on the French front; a trench plow which works a hundred times as fast as a man with a shovel, now digs in after an advance.

Anton Lang, who took the part of Christ in the wonderful Oberammergau play, has been called to service in the Bavarian Army. Duke Maximilian promised when the plays were first produced, more than two hundred years ago, that no participant should endure any suffering from war. Succeeding rulers have kept this promise until the present time, when a word of honor is of no effect in Germany.

Excavating in the vicinity of the battered Hindenburg line, British soldiers struck the tooth of a mammoth. The skeleton of this prehistoric monster has been definitely located, and will be exhumed for preservation.

An American Legion of Honor has been formed in London to distinguish Americans, living or dead, who enlisted in the Allied armies before the United States entered the war. Women who undertook actual war work abroad will be included in an auxiliary membership. A golden badge with the American eagle and the Canadian beaver supporting George Washington's family crest, backed by the flags of the Allies, will be given to living officers and to the next of kin to those killed. The same badge in silver will be given to non-commissioned officers and men. A similar decoration will be given to women.

EVENTS OF THE DAY

IN CHARGE OF

GARNET ISABEL PELTON

THE WAR. The fourth year of the World War opened August 1, with twenty governments in a state of war against Germany, though many of them have not broken with her three allies, Austria-Hungary, Turkey, and Bulgaria. These twenty governments range from two of the greatest, Great Britain and Russia, to two of the smallest, San Marino and Monaco. Six other governments have severed diplomatic relations with Germany; three have declared a benevolent neutrality toward the United States; and China, since the recent victory of her republican government has approached still nearer to a declaration of war on Germany. About three-fourths of the population of the world, almost half of the independent governments, including large and small, occidental and oriental, democratic and monarchical are arrayed against Germany; surely a world indictment against her methods.

The third year of the war opened auspiciously for the Central Powers. They had conquered most of Belgium and a large section of northern France; all of Russian Poland and a slice of western Russia; and, in the Balkans, Serbia and Montenegro. With the Turks they had successfully resisted the Allied attack on Gallipoli, thus saving Constantinople and Germany's increasing control of Asia Minor and Mesopotamia.

The fourth year of the war has opened auspiciously for the Allies. Except for the conquest of Roumania and that was accomplished with the help of treacherous officials of the ex-Czar, Germany has been driven back in all directions and is everywhere on the defensive. Russia, a year ago, conquered Austrian territory on the Eastern front; the French retook positions at Verdun that had cost the Germans tens of thousands of men to win; the British and French, in the great Battle of the Somme and succeeding battles, regained one thousand square miles of northern France; Italy threatened Trieste; General Maude swept up through Mesopotamia and took the ancient and strategical city of Bagdad.

Germany's ruthless submarine warfare, intended to starve England, though sufficiently successful to be still a terrible menace, has resulted in the protests and enmity of most of the civilized nations; it has brought

the United States into the war; and it has not, as yet, brought England in sight of starvation.

The Russian revolution shattered Germany's hope of a separate peace with Russia, which would have released the great German and Austrian armies on the Eastern front, and given the two Teuton nations unlimited food supplies and probable victory. This remarkable revolution also stirred up political unrest and dissension in Germany, bringing a demand for peace and more political liberty, so that Prussian autocracy had to further entrench itself with a change of chancellor and ministers.

Russia. In Russia, regiments intoxicated with liberty, became disobedient and disorganized and the recent offensive, so brilliantly begun, collapsed. The Provisional Government has been given unlimited power. Its new premier, Kerensky, a young man of thirty-six, of humble origin and ill with tuberculosis, through sheer personal power has become the virtual dictator of Russia. On this man's frail life and his power to hold to one steady purpose the seething, heterogeneous elements in his vast country, depend not only the amount of America's sacrifice in the great world struggle but the measure of Allied victory and the hope of democracy.

CONGRESS. Aviation Service. Aviation appeals to the American imagination. Swiftly and almost without dissent Congress passed the Aviation Service bill of \$640,000,000, which the President signed July 23. It is now generally agreed that the side which gains air supremacy will win the war, for airplanes are the "eyes of the army," scouting to discover the strength and position of the enemy; directing artillery fire; keeping the air free from investigating enemy planes; and bombing enemy highways, railroads, supplies, ammunition, and submarine bases. One thousand aviators are said to be twice as effective as one half a million men, the greatest number we could send over in a year, whereas six thousand aviators can be sent over in a few months followed every month by two or three thousand more and a sufficient number of machines.

The Food Control Bill. On August 8, the Food Control bill, which had been pending over two months, was finally passed. The bill gives the President almost unlimited authority to assure adequate supply and distribution of food, fuel, and other necessities; to prevent hoarding and speculation; and to maintain government control over all such necessities during the period of the war. Herbert C. Hoover has been chosen by the President for food administrator. He has already marshalled the food resources of the country on a volunteer basis and has organized all necessary machinery in anticipation of the new law.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

Collaborators: BESSIE B. RANDALL, R.N., AND ELIZABETH GREGG, R.N.

PUBLIC HEALTH NURSING LITERATURE.—Nearly every nurse doing public health work wonders why books on her particular specialty or handling her particular problems have not been published. There are a good many reasons for this, perhaps the best reason being that nurses do not write easily, and the next being that the nurses who know most about the work are too busy to write about it. However, we are slowly getting public health nursing literature, and the National Organization for Public Health Nursing has a good many helpful pamphlets on various subjects, which field nurses would do well to purchase. Mary S. Gardner's book on *Public Health Nursing* will help every field nurse who takes the trouble to read it, and the four books written by an old British district nurse, Mary Loan, entitled *The Queen's Poor, An Englishman's Castle, Neighbors and Friends*, and *The Common Growth*, can be secured at most public libraries if not purchased through good book stores, and they tell in interesting, simple form, about work among the poor and the unfortunate in British districts. Public health nursing problems are similar the world over and these four books will prove of special value to visiting nurses.

Less than a year ago, the National Association for the Study and Prevention of Tuberculosis published a pamphlet which should be in the hands of every tuberculosis visiting nurse. It is entitled *Tuberculosis Dispensary Method and Procedure*, by Elizabeth Crowell, the Executive Secretary of the New York Association of Tuberculosis Clinics. It is a pamphlet of over one hundred pages and contains instructions for furnishing and managing dispensaries, for home work, the training of nurses, the preparation and keeping of records, coöperation with public and private societies, in fact, it touches on nearly every subject which puzzles the nurse going into tuberculosis work for the first time. This pamphlet can be secured through the National Association for the Study and Prevention of Tuberculosis, and will prove valuable in many a tight place. The Chicago Tuberculosis Institute has recently published several pamphlets of lectures given under the auspices of the Theodore B. Sachs Study Class, which it furnishes free to nurses writing for them.

Possibly because tuberculosis is now an old story, possibly because we may always have it with us, people are beginning to think less of it as a distinct and separate problem, tuberculosis work is being shabbily done, and the study of tuberculosis by nurses and others is being neglected. Publications and protests to the contrary, the same amount of interest is not being taken in tuberculosis work that was being taken five years ago, but it will not be until nurses as well as physicians realize that tuberculosis is one of the greatest menaces of civilization and that nothing less than one's best efforts in work against it will be of much avail, that the tuberculosis work being done now in large cities and small towns, will be as good as it was a few years ago.

People who work constantly among the tuberculous do get discouraged. It is never pleasant to see one's old patients slipping away, in spite of one's best efforts, and perhaps tuberculosis workers would do better tuberculosis work if they were to go out into the general field once in five years and see what the problems and discouragements of other workers are. Nevertheless, in spite of the fact that it is a social disease, an economic problem, and a menace, tuberculosis is also a pathological condition and only people willing to put their very best work into the fight against it may hope to be useful in the big field of tuberculosis work.

We are worried now about conditions in France. How many workers will stop to realize that conditions in America may soon be or are now just as bad? Nurses who are inclined to think that tuberculosis is an easily-learned subject and that tuberculosis work is easily mastered had better study Trudeau's *Autobiography*. This, in addition to Miss Crowell's pamphlet on tuberculosis dispensaries, will help them get a fresh viewpoint as to the significance and importance of putting their very best efforts into their work. No one unwilling to give her best ought to hurt the work or herself by entering the tuberculosis field.

OCCUPATIONAL THERAPY.—The Illinois Society for Mental Hygiene, Elnora Thomson (Presbyterian Hospital), Director, has recently given two post-graduate courses to nurses, in occupational therapy. Susan Tracy has been giving a course to pupil nurses and patients in three or four large Chicago hospitals, two of which, the Michael Reese and Presbyterian, are continuing the work which she so ably started. The Chicago Visiting Nurse Association has assigned one of its staff nurses, Jessie Rumbaugh, (Chicago Baptist Hospital), to this work in the homes of its shut-in patients, both chronic and convalescent. Miss Rumbaugh has had the advantage of two courses, one with Miss Tracy and one with the Society for Mental Hygiene, and finds the contrast between the types of patients usually found in a

hospital class and in the district homes, very marked. The district patients are less interested, less quick to grasp, they are so accustomed to their confinement, their isolation and their loneliness that they do not take to new ideas easily; whereas the convalescent hospital patient is so bored by his unaccustomed inactivity that he is willing to try almost anything new. Nevertheless the Visting Nurse Association experiment is proving a success. Both young and old get interested after the second or third lesson and patients who have, until now, spent long, stupid hours alone, look forward eagerly to the next lesson. Thus far Miss Rumbaugh has been able to try rake knitting, stuffed animals and dolls, some simple basketry, plain knitting, and a little crochet work. In time she hopes to introduce a good many other types of handicraft work. The apathy with which some of the patients first greeted her attempts to teach them, shows how their isolation has eaten into their souls. The younger, brighter patients take hold much more quickly and are much more eager to learn, but even the older patients are responding in a satisfactory manner. One old man who has spent years in bed or in a special chair, after repeated efforts started a basket. When he had finished less than an inch of the 6 or 8 inch high piece of basketry, he said very sadly to the visiting nurse who saw him daily that he was sure he would never learn how to do the top. As it had taken him nearly a month to do the inch, we were not particularly worried about the top, but his wife told the nurse, aside, that nothing had given the old man more pleasure, in years, than this piece of basket work and the knowledge that his hands were not entirely useless.

Much of the work of the Illinois Society for Mental Hygiene and Miss Tracy's work makes the patients partially self-supporting. In district homes this will be almost impossible, for the patients have neither the intelligence nor the skill to make things that are marketable, but already we have discovered one patient whose poor stiffened, arthritic arms are better because of her rake knitting, and we believe that in time she will be able to make a small amount of pin money for herself by making caps and shawls. It may not be possible for all societies to put on a special nurse to start this work, but surely in this day of anxious volunteering, we ought to find a good many young people willing to go into the homes of our chronic patients or of patients who are facing long convalescence, to teach them simple handicraft work that will have a decided therapeutic value.

POST-GRADUATE WORK.—In spite of the fact that the Red Cross is calling off many public health nurses for military duty, a great many questions regarding post-graduate work are still coming in to the office of this Department. If nurses will read their JOURNALS care-

fully, they will find such courses advertised. Nurses who have been thinking of post graduate work but who feel that it will be a somewhat selfish waste of time while so many nurses are needed elsewhere, had better not change their plans for the coming year if they can possibly continue them. European conditions have proved to us that more highly trained workers are being called for every day. One can't help but get rusty in public health work if some form of post-graduate or outside study is not undertaken at least once in five years, and nurses ought to remember that a year is only twelve months and nearly everybody can be spared for study during that time. The longer courses at Teachers College, New York; Simmons College, Boston; and Western Reserve University, Cleveland, should receive careful attention, and the shorter courses offered by the Instructive District Nursing Association of Boston and the School of Civics in New York City, will prove in the future, as they have proved in the past, a very great benefit to the nurse able to take advantage of them.

RED CROSS SCHOLARSHIPS FOR PUBLIC HEALTH NURSING

An unprecedented response has come from the American people to the call for funds to meet the exigencies of war. Mindful of the immediate needs of the home country at this crisis, recent contributions have been made by several Red Cross Chapters and thoughtful individuals, making it possible to offer a number of scholarships to qualified nurses for an eight months' course in public health nursing. The New York County Red Cross Chapter has donated \$500, designating that it be used for two scholarships of \$250 for the course in public health nursing given by Columbia University, New York City. The Boston Metropolitan Chapter has donated two such scholarships for the Simmons College course in Boston.

Communications regarding the award of scholarships should be sent without delay to Director, Town and Country Nursing Service, American Red Cross, Washington, D. C.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

Collaborators: ADDA ELDREDGE, R.N., LAURA E. COLEMAN, R.N.

HOW ONE OF THE SMALLER HOSPITALS HOPES TO MEET THE NEED FOR MORE NURSES

In addition to the many other problems confronting the American people and awaiting their solution, is that of the depletion in the ranks of nurses, caused by war conditions and the necessity for a secondary army—an army of nurses to care for the sick and maimed on the battlefield.

The question has been discussed in all its bearings, but however much is said and however long the debate, the truly thoughtful and unselfish always return to the same point in the argument, viz: that skilled nurses are needed as never before. They will continue to be needed in increasing numbers and their number is now greatly depleted.

The appeal made by the Council of National Defense to the young womanhood of the country to study nursing expresses it thus:

The situation is a grave one. We must provide the best nursing care for our army; we must carry on with undiminished energy the nursing work in our hospitals at home; we must also be ready as the war proceeds to care for great numbers of disabled men; we must increasingly safeguard health work in which nurses are engaged, especially where the health of the nation's children is at stake.

Highly skilled nurses will be needed as never before, and in greatly increased numbers. In one way only can the loss of trained nurses be made good, and that is by training others to take their places. The others must come from the ranks of America's young womanhood, and they must come in great numbers if they are to meet the situation as it appears in all its alarming phases.

Trustees of civil hospitals, large and small, have sat in council upon this subject and have decided, most of them, upon their lines of action according to their ability and resources.

The Newton Hospital, in Newton, Mass., which is known as one of the smaller hospitals, or at least as a secondary one, having one hundred and sixty-five beds, with a daily average of something more than one hundred patients, has felt the strain and responsibility caused by

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the conditions and has made some efforts toward relieving them. Its trustees have made arrangements with the naval authorities whereby it has agreed to care for soldier sailors as needed.

The Board of Health of the city of Newton has placed a building at the disposal of the hospital authorities, to which fifty patients can be admitted immediately, and the equipment for the building is stored in its basement ready to be set up for use at a moment's notice. Another fifty patients can be cared for in other parts of the hospital without particularly disturbing the present routine of work or without displacing any of the patients resident in the community who would naturally expect the care of the hospital.

It was a comparatively easy matter to secure space and hospital facilities for additional patients, but to provide nursing care seemed more complex, especially in the face of the fact that graduate nurses are scarce and opportunities for housing more pupils upon the hospital premises do not exist. Accordingly after due deliberation and a recommendation from the training school committee, it was decided to open a house where a new class may be provided for and where the preliminary instruction may be given. The new home has been called the Annex and will nicely care for fourteen students who were admitted during the week of August twelfth. It is, by train and a short walk at either end, about ten minutes distant from the hospital. In good weather the pupils may find it possible to walk the entire distance. The house is fitted with well equipped class rooms and work rooms for both theoretical and practical instruction. The home conditions are not only comfortable, but they are refining, and it is believed they will promote the happiness of the residents.

In order that the instruction in domestic science may be *applied*, it is intended that the class members shall provide for themselves. Groups will be appointed for the various departments of the domestic work, each individual will have an opportunity to serve in every capacity. They will have their laundry work done at the hospital, which will also bake their bread. Otherwise they will provide for themselves. There will be no servants in the house other than the occasional day worker. Instructors will go from the hospital for certain class work and other teachers will come from the outside.

It is intended to make this preliminary course very complete and thorough, though it is the same as that outlined in the school's prospectus. The members of the class will have no hospital practice for some weeks; they will begin by having a few hours per day and will be admitted to the hospital at the end of the preliminary or probationary period. The class is selected from the list of regular applicants and all

enter for the full three years' course. When this class becomes an integral part of the training school, another will be admitted and put through the same process.

If it should transpire that the hospital needs of the next six months do not call for the additional number of nurses, affiliations with some of the large hospitals in the city will be obtained to ensure their thorough training. In no sense will the standards of instruction and practice be lowered.

The house will be supervised by Ellen C. Yancey, who will also be an instructor. She will have an assistant appointed by the hospital. Miss Yancey is a graduate of the Boston City Hospital Training School for Nurses and has had much experience in hospital and training school work. The Newton Hospital is fortunate in being able to secure her services.

The actual expense of this undertaking is not yet known, but it should be kept at the minimum, if possible, for in no case would the Newton Hospital wish to set an example of extravagant expenditure, though it does sincerely hope to bear its share of the responsibility in meeting the present and future needs of its sick countrymen whether at home or in a foreign field.

MEANING OF "HOME SERVICE"

Carolyn C. Van Blarcom, representative of the Red Cross Nursing Service in New York, explains this term as follows:

As there has been some misunderstanding on the part of many nurses as to what constitutes Home Service, I may explain that the army and navy hospitals located in this country come under that heading. Service in a navy hospital does not necessarily mean service on a hospital ship, but usually in a home hospital for the reception of men wounded in naval service.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

SERVICE IN THE FIELD.—The *Medical Record* urges the medical men of the Union, especially recent graduates and those without dependent families, to heed their country's call and give themselves freely and without delay for service in the field. Twenty thousand surgeons are needed at once, and it takes time to train a civilian physician to perform the duties of a military surgeon. Dr. William J. Mayo, of Rochester, Minn., was summoned to Washington to confer with the government officials as to the formation of a central medical staff, to obtain the best medical service for American soldiers in the field.

ETHER TREATMENT OF TUBERCULOSIS.—A writer in the *Ohio State Medical Journal* advises ether, given by the closed cone method, as a valuable therapeutic agent, in the treatment of pulmonary, peritoneal and meningeal tuberculosis, especially in early and uncomplicated cases. In advanced pulmonary cases, the high fever, cough, expectoration, night sweats, loss of sleep and appetite are benefited for from fifteen days to six months. One administration is usually sufficient; in advanced cases improvement has been noticed with anesthetizing. The cone can be made with a towel, heavy wrapping paper and three safety pins. A pledget of absorbent cotton is placed in the apex of the cone, a few drops of ether being first placed in the cone to accustom the patient to the odor. The ether is gradually increased until the stage of excitement is reached, then a liberal supply is added and the cone, reinforced with a towel to exclude as much oxygen as possible, is kept pressed closely against the face. In this way the patient can be kept under as long as is necessary.

MATERNAL ORAL SEPSIS.—The *Lancet* reports from observations made in five hundred cases that the toxins from oral sepsis in the mother have a very strong influence on the growing fetus. The child's vitality is lowered before birth and the marasmic condition is antenatal in its inception. Miscarriage and premature birth may be brought about by the septic condition of the mother's mouth. It may affect the quantity and quality of the breast milk and be a deciding factor in the causation of eclampsia and other toxic conditions.

FOOD VALUE OF CORN MEAL.—The *Journal of the American Medical Association*, quoting from a French medical journal, says experiments on

pigeons, rabbits and cats have confirmed the high food value of whole corn meal. Pigeons kept two hundred and forty days on this alone, thrived in every way. If the corn meal was bolted, that is, the hulls removed, the food value was inadequate to preserve health alone.

ARREST OF HICCUP.—A Buenos Aires medical journal reports the arrest of a very severe case of hiccup by pressing on the eyeballs, as for the oculo-cardiac reflex. Various means had been tried previously. Bromide, morphia and a seidlitz powder, flexing the thighs on the abdomen to force up the viscera, rhythmic traction on the tongue, all proved futile. The hiccup had lasted for twenty-four hours and the patient was exhausted when ocular pressure gave relief.

SHORTAGE OF NURSES.—The *Medical Record* states that New York City is facing a shortage of professional nurses, owing to the enormous number that has left or intends to leave for the Front. The Committee on Nursing of the Mayor's Committee on National Defense is taking a census of all the nursing resources of the city, with a view to establishing a bureau through which all effective readjustments of trained and volunteer service can be made. Hospitals are urged to increase their number of pupils and to shorten their course for college women.

TEACHING THE CARE OF INFANTS.—A Dutch medical journal recommends that girls be taught in the public schools the care of infants. They now marry and have babies without the slightest idea how they should be brought up. They experiment and practice on their first child, and the little victim often succumbs while the mother is learning to care for it. For many mothers, it takes more than one child before they learn. It would seem that this advice might have a wider application than to Holland alone.

SHEET MICA AS A PROTECTIVE.—A writer in the *Journal of the American Medical Association* recommends sheet mica (mineral isinglass) as a covering for wounds. It can be readily split from a thickness of several millimeters, as sold in the stores, down to a thinness equal to the finest cellophane membrane. Its glassy texture renders it nonadherent and nonirritating to the surface of a wound, and the surface beneath can be viewed as through glass. It is easily lifted off, or broken away, if removal is required, or it may be allowed to remain and become encysted. In trephining after an injury, a sheet which had been used remained in place for three years. It can be broken in pieces to adapt it to an irregular surface and being indestructible by fire, can be sterilized by passing it through a flame.

WISE EATING.—The same journal publishes and endorses the directions recently issued by the Bureau of Home Economics of the New York Association for Improving the Condition of the Poor.

Spend from one-fourth to one-third of your money for bread, cereals, macaroni and rice. Buy from a third to half a quart of milk a day for each member of the family. Spend as much for vegetables and fruit together as you do for milk. If you use half a quart of milk for each member of the family, this may not always be possible. Then spend as much for vegetables and fruit as a third of a quart of milk a day would amount to. Spend not more for meat and eggs than for vegetables and fruit. Meat and eggs may be decreased with less harm than any of the other foods mentioned. The amount spent for meat may decrease as the amount spent for milk increases.

TREATMENT OF NEURITIS.—A writer in the *Lancet* has successfully used applications of the strong hydrochloric acid of the British *Pharmacopeia*, known as fuming hydrochloric acid, in the treatment of neuritis. The line of the nerve pain and tenderness is first marked out. A wad of absorbent cotton, firmly pressed into a wad the size of the knuckle of the middle finger, is dipped into the acid, of which from a dram to a half dram is required. It is then carried along the line of application marked out. The first application should be light, in order to determine the sensitiveness of the skin. There may be slight smarting and redness, which soon passes off. If well borne, it can be applied twice a week, perhaps oftener, as long as the pain and tenderness continue.

RESTORATION OF MATERNAL NURSING.—In a discussion at a meeting of the American Pediatric Society, it was stated that a mother whose baby had to be removed from her on account of an erysipeloid condition, interrupted the nursing of it for two weeks. She made no attempt to pump the breasts or retain her milk. The baby was restored to her at the end of sixteen days. She took one pint of corn meal and one quart of milk a day, and resumed nursing. The baby was fed malt soup mixture in addition, after each nursing, for a few days. Another doctor said he had a chart showing the possibility of resuming breast feeding after an interval of ten weeks. Cases have been reported in which it was taken up again after an interval of three or four months. Persistent effort to resume it is always worth while.

PROTEIN AND REPRODUCTION.—A German medical journal says that lessened production of milk and eggs during the war is due directly to the lack of albumen in the feed. If geese are fed on potatoes, 90 per cent of the eggs remain sterile; if cereal grains or bran be added to the diet, this deficiency is at once remedied.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

LETTERS FROM RED CROSS NURSES

I

DEAR EDITOR: During our stay in London on our way to France we have been entertained by many English and American people. One of the most delightful of these entertainments was given at The American Nurses' Club, 42 Grosvenor Place, London, about which I should like American Nurses at home and abroad to know, and knowing I am sure they would appreciate. The Club has just been opened and I have the honor to be the first American nurse to register in it. It has been organized and is maintained by American women in London with Lady Harcourt at the head. Everything has been arranged for the comfort of the nurses, charming reception rooms, dining room and lounge, six bedrooms which are for the use of nurses returning from duty, who are urged to make the club their home. I think those who do will find rest for soul as well as for body in the elegance and beauty as well as comfort of the club. The building is beautifully situated overlooking very lovely gardens and is a mansion in its interior decorations, furnishings, and the size of its rooms. I am sure our nurses at home will feel as deeply gratified as I and all of these nurses who have seen what our American friends in London have done for us.

London, England.

A. L. C.

II

. . . . We are all quite happy here, have been here just one month. It's very interesting, everything about it. I have been on night duty, and when I start in with day work, I'll find it more interesting. We're working in a tent hospital. They've a few huts for the very sick patients and I've the surgical hut, and have all sorts of frames with extensions, etc., for broken legs and arms. The frames our doctor brought with him, and the English officers are all very much interested in them. We have more than twice the number of beds we expected to take care of but have gotten along very nicely. We have not had our tents filled as they've been sending us small convoys and they always send them in at night, any time after midnight, and we night nurses often have our hands full, especially when we're getting patients ready for an out convoy. The most of our patients go out within three weeks excepting the fractured cases and the sick medical cases. We have many shell shock cases, which are very interesting. I've only had one among my surgical cases. The Cleveland unit is very near us. The Philadelphia unit came on the same steamer with us and we were together in London and crossed the Channel, then separated. We left the Chicago unit in London and we haven't heard where they went. We had a nice voyage, some of us were sick, but were able to be on deck most of the time. We saw no submarines and none of us were disappointed over it. We have a very pretty location and the nurses' quarters are quite comfortable now, I imagine they'll be cold next winter. It gets cold now at night, but the days are nice when it isn't raining.

We've had a good deal of rain. I've started French lessons, but don't really hope to get much out of them until I am off night duty, and have more time to myself. We get little news from America, hope to have papers sometime and then we'll know everything, even though late.

France.

B. L.

III

. . . . After two weeks I found myself confronted with the responsibilities of a "military matron," a combination of American and English methods as we are, in some respects, subject to directions of the latter. We are in a beautiful location adjacent to the country woods of France with the many walks. We have not been as busy as we expected to be but I suppose it will not always be so. Our family of sixty-four nurses are all well and looking much improved since living the outdoor life. Our huts can be thrown open and we are practically outdoors throughout the twenty-four hours. We are very comfortable, considering what we expected, and we have abundance to eat although the variety may be limited.

France.

G. E. A.

IV

The hospital consists of roughly-built wooden shacks that give prospect of being rather cool for patients in the winter. It is on the grounds of a small chateau, which has a lovely small wood on the hill slope in the rear, and a stone wall surrounds everything. The country is beautiful—lovely hills and valleys and beautiful wild flowers and trees. The woods seem so neat and queer with all the underbrush carefully cut out for fuel, while the trees are untouched. We had an interesting trip over. After we landed, we stayed for a while in a new Normal School Building in a little village a short distance inland. Everyone has been lovely to us. Our trip here was so primitive that it will make good stories on our return. It was very interesting and showed us many sections of the country. The queerest of all were the "cliff-dwellers"—people who actually live in holes dug in the side of a low hill. Some had windows, some had none, some had just slits. All were faced with stone and some had huge chimneys sticking above the hill. Others of these caves were used for wine vaults, sheds and stables. All the roads and canals were lined with beautiful trees. It all was most picturesque. Our first patients have arrived and more are due today. We are still busy getting the hospital in order, or rather some are, for there is not enough for all to do.

France.

E. A. McI. J.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

DIRECTIONS FOR MAKING A SURVEY OF THE NURSING RESOURCES OF A STATE

The purpose of the survey is to find out how many persons in a given state are engaged in different classes of nursing service, as well as in the broader divisions of nursing specialties. Following the method used in the survey recently made by the Mayor's Committee of Women on National Defense in New York City, it was decided that the simplest and least expensive arrangement would be to have four forms for the four types of organizations concerned with nursing service: 1, Nursing in Institutions; 2, Public Health Nursing; 3, Nurses' Registries; 4, Nurses' Organizations.

Registration of Organizations Concerned with Nursing Service

Authorized by the Council of National Defense under the Auspices of the American Nurses' Association

State:

NURSING IN INSTITUTIONS

Name of Institution		Address		Telephone Number		
Municipal, Co., State or Fed.	No. of patients' beds	Average No. patients per day	Name of Superintendent of Institution			
Private						
Indicate Departments of Institution by making X for "yes" and O for "no"						
Medical.....	Eye, Ear, Nose, Throat.....	Contagious.....	Chronic.....			
Surgical.....	Children's.....	Tuberculosis.....	Nervous.....			
Gynecological.....	Convalescent.....	Cancer.....	Alcoholic.....			
Obstetrical.....	Orthopedic.....	Mental.....	Drug Addiction.....			
How many pupil nurses can you admit this Fall?			Total during the next year?			
INDICATE BELOW THE NUMBER OF PERSONS IN SPECIFIED NURSING ACTIVITY						
Class of Service	Graduate Nurses			Class of Service	Number	
	"R. N."	Red Cross	Not "R. N."		Male	Female
Supt. or Director of Nurses.....				Pupil Nurses: 1917.....		
Asst. Supts. or Directors of Nurses.....				1918.....		
Supervisors: Male.....				1919.....		
Female.....				1920.....		
Charge Nurses: Male.....				Affiliated.....		
Female.....				Trained Attendants.....		
Post-graduate Students.....				Attendants in Training.....		
Nursing Sisters.....				Practical Nurses.....		
Social Service Nurses.....				Orderlies.....		
				Nurses' Aids.....		
				Nursing Sisters.....		
Signature of Supt. or Director of Nurses			Date of this Report		Individual Record Cards will be sent for each person recorded above.	

The form, NURSING IN INSTITUTIONS, gives on the upper line the Association's name, thus showing immediately the authority behind the survey. The "institutions" include all types of hospitals, sanatoria, homes for children, homes for adults or the aged, homes for convalescents, reformatories and day nurseries which engage any class of nursing service. The form was made as short as possible, as only such information was desired as would have direct bearing on the

nursing service employed. Therefore, the name of the institution, address and telephone number are asked for. The next two divisions, "Municipal, Co., State or Fed." on one line, and "Private" on another line were made simply to have at command a ready reference in case an emergency should make it necessary to mobilize the nursing force of the state quickly. In such a contingency it would be easier to mobilize public institutions than private. The "number of patients' beds" and "average number of patients per day" seemed necessary to give an idea of the general training that the workers in the institutions might be receiving. The name of the superintendent was asked for so that the person in authority could be communicated with if the necessity should arise of mobil-

Registration of Organizations Concerned with Nursing Service

Authorized by the Council of National Defense under the Auspices of the American Nurses' Association

State:

PUBLIC HEALTH NURSING

Name of Organization		Address		Telephone Number
Municipal, County or State		Name of Chief Executive Officer		Title
Private				

INDICATE BELOW THE NUMBER OF PERSONS ENGAGED IN NURSING SPECIALTY

Nursing Specialty	Graduate Nurses					Trained Attendants		Practical Nurses		Nurses' Aids
	"R. N."			Not "R. N."		Male	Female	Male	Female	
	Male	Female	Red Cross	Male	Female					
Administrative.....										
Supervisory.....										
Office Work (Nurses).....										
General Visiting Nursing.....										
Prenatal.....										
Obstetrical.....										
Post-partum.....										
Infant Welfare.....										
School.....										
Contagion.....										
Tuberculosis.....										
Mental.....										
Social Service.....										
Industrial.....										
Total of each class										

Signature of Supt. or Director of Nurses

Date of this Report

Individual Record Cards will be sent for each person recorded above.

izing the forces of the institution. The departments of the institution, with the blank spaces at the end for any departments not specified, give additional help in estimating quickly the training of the nurses connected with the institution. The next line asking the questions, "How many pupil nurses can you admit this fall?" and the "Total during the next year," was for the purpose of finding out just how many pupil nurses can be admitted during the next year. This was in direct response to work of the National Emergency Committee on Nursing, which is encouraging all hospitals to increase their numbers of pupils adequately to meet the present need of the Red Cross for trained workers and the future needs of the country for reconstruction work after the war. The next section divided the nursing service into its classes—the registered nurses, the graduate

nurses who are not registered with a central division to indicate those who are members of the Red Cross nursing service. The different classes explain themselves. The nurses' aids indicate people who have taken the Red Cross course. Other qualifications may make a young woman eligible to be called a nurses' aid but the course must be equivalent to that of the Red Cross. The "nursing sisters" include Sisters of any religious order, either Protestant or Catholic, who do nursing work. In the left-hand column are listed those Sisters who are graduate nurses, "R. N." or not "R. N." In the right-hand column are listed the other Sisters who give nursing care. On the last line is the signature of superintendent or director of nurses, the date of the report and a note regarding

Registration of Organizations Concerned with Nursing Service

Authorized by the Council of National Defense under the Auspices of the American Nurses' Association

State: {

NURSES' REGISTRIES

Name of Registry			Address		Telephone Number	
No. of Nurses employed in Administrative Work of this Registry.			Name of Registrar		Date of this Report	
Total	"R. N."	Not "R. N."				

NUMBER OF PERSONS REGISTERED FOR NURSING SERVICE

Nursing Specialty	Graduate Nurses						Trained Attendants		Practical Nurses		Under-grad. Nurses	Nurses Aids
	"R. N."			Not "R. N."								
	Male	Female	RedCross	Male	Female	Male	Female	Male	Female			
At present employed												
in Private Duty.....												
Registered for:												
General Private Duty.....												
Institutional Work.....												
Public Health Nursing.....												
Hourly Nursing.....												
Obstetrics.....												
Children's.....												
Contagion.....												
Tuberculosis.....												
Medical.....												
Surgical.....												
Mental.....												
Chronic.....												
Convalescent.....												
Other occupations.....												
Total, all classes												

Information given by

Individual Record Cards will be sent for each person recorded above

the individual record cards. It will be usually found more satisfactory for an enumerator to visit an institutions in person and gain this information, making out the individual cards at the same time. When the forms are mailed, there may be misunderstanding regarding some of the items, or delay in returning them. In the case of Catholic institutions, it is well to visit the Bishop and gain his consent to the taking of the census in all institutions under his supervision before the cards are sent out or the visits made.

THE PUBLIC HEALTH NURSING questionnaire follows the same general plan as that of NURSING IN INSTITUTIONS. The plan is to send this form to any organization that is engaging a nurse in any form of public health work. The

nursing specialties cover all the leading forms of such work. The classes of service are similar to those indicated in NURSING IN INSTITUTIONS questionnaire, with an extra line at the bottom to total the number of each class. The same plan of getting the list of nursing personnel for the individual card file is followed here as in the other form.

Nurses' Registries. Again the same general plan is followed. The divisions of the classes of nursing service have one addition, that of "Undergraduate Nurses." This was put in because this classification is used in almost all registries and it is felt that unless the division is added to the questionnaire these nurses would not be included in the classification. When the individual card

Registration of Organizations Concerned with Nursing Service

Authorized by the Council of National Defense under the Auspices of the American Nurses' Association

State:

NURSES' ORGANIZATIONS

Phone Number	Name of Organization	Address	Telephone Number
This Report	Names of Officers	Addresses	Telephone Numbers
Under-grad. Nurses	President,		
Nurse Aids	Secretary,		
	What constitutes your membership	{ Organization? { Individual?	Number of Organizations? Number of Individual Members?
	If organization, give list of membership.		
	If individual, send list of members. (Indicate "R. N." if possible.)		

Information given by

Date of this Report

catalogue is made these nurses are classed in the same group as "Practical Nurses" because it is felt that although a number of them have taken an appreciable amount of hospital work, so many have taken a very small amount that the general classification should be under "Practical Nurses." "At present employed in Private Duty" gives a number of small value on account of the daily, almost hourly changes in the number. The same nurses "At present employed" are included under "Registered for" where the nurse's specialty and grade of service are indicated.

Nurses' Organizations. This form is sent to nurses' clubs and nurses' alumnae associations and, of course, includes in its list many of the nurses already included in the lists given above. But the nurses' organizations also have a record of many nurses who are not engaged in active work at the present time but who, in case of emergency, will be able to do efficient work, giving either part or full time. Women who have married or who have been employed in

doctors' offices or on occasional private duty, can easily be utilized for work in some of the fields depleted by the withdrawal of Red Cross nurses.

Register of Nursing Personnel. For this purpose cards are used, 5 inches by 3 inches in size, of five colors and seven forms, as follows:

No. 1—To be used for a file of graduate, registered nurses. Color: white. Heading: Graduate Nurse "R. N."

Name.....Tel.....
Permanent address.....
"R. N." in what state.....
Name of training school.....
Specialty.....

No. 2—To be used for graduate nurses who are not registered. Color: canary. Heading: Graduate Nurse not "R. N."

Name.....Tel.....
Permanent address.....
Name of training school.....
Date of graduation.....
Specialty.....

No. 3—To be used for pupil nurses. Color: white. Heading: Pupil Nurse. Upper left hand corner cut off to distinguish it from the white card for registered nurses.

Name.....Tel.....
Permanent address.....
Name of training school.....
Class.....

No. 4—To be used for trained attendants. Color: green. Heading: Trained Attendant.

Name.....Tel.....
Permanent address.....
Where trained.....
Length of course.....
Specialty.....

No. 5—To be used for attendants in training. Color: green, but with the upper left hand corner cut off to distinguish it from card No. 4. Heading: Attendant in Training.

Name.....Tel.....
Permanent address.....
Where trained.....
Length of course.....
Date of graduation.....

No. 6—To be used for practical or undergraduate nurses. Color: Cherry. Heading: Practical or Undergraduate Nurse (Cross out the one that does not apply).

Name.....Tel.....
Permanent address.....
Registry or organization.....
Specialty.....

No. 7—To be used for nurses' aids. Color: fawn. Heading: Nurses' Aid.

Name.....
 Permanent address.....
 Have you taken a Red Cross course?.....
 Indicate which:
 Elementary Hygiene and Home Care of the Sick.....
 First Aid.....
 Dietetics.....
 Preparation of Surgical Supplies.....

The headings on these cards should not be printed across the card, but in small letters at the upper right hand corner.

In making out the card catalogue, the entire file is alphabetical. The above cards are used for it. The different colors indicate the different classes of nursing service, so that at a glance one can tell approximately how many registered nurses, how many graduate nurses not registered, how many practical nurses, how many trained attendants and how many nurses' aids there are in a city or state.

The forms are furnished by the American Nurses' Association. The cards are to be printed locally under direction of the state association of nurses making the survey. In sending forms by mail, an envelope fitting the form should be used and another enclosed, of the same size, with the printed address of the person to whom the filled-in form is to be returned. The forms should not be folded, as they are used for a card index when returned. A letter showing the authority for and the purpose of the nursing census should accompany forms sent by mail.

The Mailing List. In each state or city it is necessary to make a complete list of the organizations concerned in nursing service. For this purpose it is necessary to consult city or state health departments, commissioners of health, bureaus of licenses, etc. as well as directories and telephone directories. In any large city, lists should be carefully checked to avoid duplication and a pin map of the city made, with districts carefully mapped out according to the number of institutions included, each district being allotted to an enumerator. The enumerators should be carefully instructed so that they may thoroughly understand the forms. The enumerators are selected from a body of volunteer nurses who are procured through the nursing organizations, the presidents of which should be members of the committee making the survey. Superintendents of nurses may cooperate with the committee by making out for it the individual record cards for their own institutions.

In each state the survey will be directed by the officers of the state association who will plan the work to be carried on locally. The file of individual cards should be kept at local headquarters. The file of forms should be forwarded to the state secretary and kept by her. When her set of forms for the state is complete, she should make a report to the secretary of the American Nurses' Association giving the following information: Total number of registered nurses; of enrolled Red Cross nurses; of graduate nurses not registered. Registered or accredited hospital training schools: number of pupils enrolled; number of pupils graduating in 1918; pupils that can be enrolled in the fall of 1917; pupils that can be enrolled during the year 1917-18. Not registered or accredited hospital training schools: pupils enrolled; pupils graduating in 1918;

pupils that can be enrolled in the fall of 1917; that can be enrolled during the year, 1917-18.

NURSES' RELIEF FUND, REPORT FOR JUNE, 1917

Receipts

Previously acknowledged.....	\$4,566.60
Interest on New York Telephone Company.....	45.00
Illinois Central Railroad Company.....	20.00
Hema M. Boakowski, Elizabeth, N. J.....	1.00
Hattie A. Flemming, Los Angeles, Cal.....	3.00
Finita Hutchinson, Bloomington, Ind.....	1.00
The Metropolitan Hospital Training School Alumnae Association as follows:	
\$5 each from Dr. H. C. Allen, Agnes S. Ward, H. D. Bengston, Dr. E. R. Fiske, N. E. Martin, M. Rudd, S. H. Datesman, E. A. L.; \$3 each from J. P. Allan, H. J. Braham; \$2.50 each from A. M. Large, Elsie Young; \$2 each from D. Levy, Miss Cowling, Mrs. Treacy, Misses Hogan, Steele, Guilfoyle, M. E. Kennedy, D. H. Wylie, Hulda Gunther; \$1 each from Mrs. Tooker, Mrs. Jacobs, Miss McDevitt, Mrs. Christie, Misses Henderson, Hough, Miles, Coughlin, Goodine, McMahon, Leacock, Smith, Mrs. O'Keefe, Mrs. Miller, Mrs. Markwell, Mrs. E. W. Perkins, Jessie Leach, Nan C. Pfonts, Marion Marshall,	
Contribution.....	88.00
Miss Sitzenstock, Chairman Ohio State Nurses' Assn.....	1.00
Alumnae Association of the German Hospital, Chicago, Ill.....	7.00
Jefferson County Graduate Nurses' Club, Louisville, Ky.....	10.00
Concord Nurses' Club, New Hampshire.....	5.00
San Francisco County Nurses' Association, Cal.....	10.00
Mary Crawford Stohl, Sykesville, Pa.....	10.00
L. H. Cadwell, Ivoryton, Conn.....	2.00
Ethel Mary Hall, New York City.....	1.00
Alumnae Association Philadelphia General Hospital:	2.00
Lina W. Allen.....	20.00
Staten Island Hospital Alumnae, individual members.....	16.00
Mount Sinai Hospital Alumnae Association, New York City.....	28.60
Nurses' Alumnae Association, Danville General Hospital, Danville, Virginia.....	15.00
Margaret J. Thompson, Washington, D. C.....	5.00
Mrs. Wm. K. Draper, New York City.....	25.00
LaCrosse County Graduate Nurses' Association, Wisconsin.....	10.00
Los Angeles County Nurses' Association, Los Angeles, Cal.....	10.00
Samaritan Hospital Alumnae Association, Philadelphia, Pa.....	25.00
New York Hospital Alumnae Association, New York City.....	25.00
Wayne County Nurses' Association, Detroit, Mich.....	25.00
Elliott Hospital Nurses' Alumnae Association, Manchester, N. H.....	2.00
Jackson Sanatorium Nurses' Alumnae Association, Dansville, N. Y.....	25.00
Jefferson Medical College Hospital Alumnae Association, Phila.....	50.00
National Homeopathic Graduate Nurses' Alumnae Assn., Wash. D. C.....	10.00
Louisville and City Hospital Training School Alumnae, Ky.....	10.00

Through Ida F. Giles, Pennsylvania Relief Fund Committee:	
Robert Parker Hospital Alumnae Association, Sayre, Pa.....	\$10.00
Genevieve Loftus, Scranton, Pa.....	1.00
Mrs. W. H. Brownson, Carbondale, Pa.....	1.00
Through Emma H. Kehrig, New York State Relief Fund Committee:	
Mary T. Walsh, St. Mary's Hospital Alumnae, \$1; Members	
of Rochester General Alumnae, \$1 each, Kathryn R. Asseltine,	
Grace M. Coleman, Kathryn C. Weldner, Carlotta M. Herman,	
Mrs. Nellie C. Linsay.....	6.00
Rosa A. Saffair, Jamaica, N. Y.....	5.00
Bertha C. Cooper, Brooklyn, N. Y.....	1.00
Nurses' Alumnae Association Monmouth Memorial Hospital, Long	
Branch, N. J.....	10.00
The County Society of New Jersey Graduate Nurses, First Division.	10.00
Juanita Slaughter, Orlando, Florida.....	1.00
K. E. Schneider, Orange, New Jersey.....	3.00
Mrs. Effie M. Moore, Detroit, Mich.....	2.00
Anne A. Morrill, Portland, Me.....	1.00
Mabel Kune, Jamestown, N. Dakota.....	1.00
Jean Craig, Jacksonville, Florida.....	1.00
Sarah W. Spears, Jacksonville, Fla.....	1.00
Total, July 1, 1917	<u>\$5,151.20</u>

Disbursements

Application approved No. 1. 29th payment.....	\$10.00	
Application approved No. 2. 18th payment.....	5.00	
Application approved No. 6. 14th payment.....	15.00	
Application approved No. 7. 8th payment.....	15.00	
Application approved No. 10. 5th payment.....	15.00	
Application approved No. 11. 5th payment.....	10.00	
Application approved No. 12. 3rd payment.....	10.00	
Farmers Loan and Trust Co.		
3 Liberty Bonds, of \$1000 each.....	3,000.00	3,080.00
July 1st 1917.....		<u>\$2,051.20</u>
16 Bonds par value.....		16,000.00
2 Certificates of Stock.....		2,000.00
Balance July 1st, 1917.....		<u>\$20,051.20</u>
3 Liberty Bonds.....		3,000.00
		<u>\$23,051.20</u>

NURSES' RELIEF FUND, REPORT FOR JULY, 1917

Receipts

Previously acknowledged.....	\$2,051.20
Interest on Bank Balance.....	56.94
Interest on bonds.....	106.25
Interest on 2 certificates.....	60.00
Ohio State Graduate Nurses' Association, individual members.....	24.50
Through the Florida State Relief Fund Committee: \$5 each from Anna	
H. Davids, Mary McNabb; \$3 each from Fairy Rosser, Nena	

Shelton, Mary C. Marshall, B. M. Robinson, Sara Agnew, Mrs. Arthur A. Stevens; \$1 each from Ella M. Tesch, Nona Prewitt, Elizabeth Williams, Mrs. Grace M. Hargrave, Rosa Frimes, Maud Coverdale, Isadore M. Roof, Mary E. Walkup, Betty L. McCarthy, Isabel H. Odiorne, Delia Beardsley, Mrs. T. P. Neff, Emma Jane Burns, Florence A. J. Platt.....	\$42.00
Ella M. Zimmerman, Montclair, N. J.....	2.00
Good Samaritan Hospital Alum. Assn., Cincinnati, Ohio.....	10.00
Frances E. Willard Alumnae Assn., Chicago, Ill.....	5.00
Ruth Shaw, Alum. Assn, Kane Summit Hospital, Pa.....	1.00
Ransy V. Besom, Delaware Hosp. Alum. Assn., Wilmington, Del.	1.00
Kate Rickards, Asheville, N. C.....	3.00
Jennie L. Bassett, New Britain, Conn.....	10.00
Elizabeth MacCallum, East Orange, N. J.....	2.00
Mrs. Josephine S. Hilker, Yonkers, N. Y.....	1.00
H. K. Tucker, Fitchburg, Mass.....	2.00
Rhoda Ashworth, Waldboro, Maine.....	1.00
Frances C. Davis, New York City.....	3.00
Janette F. Peterson, Chairman California Relief Fund Committee....	51.50
Alumnae Asso. of New York Post Graduate Hospital, N. Y. City.....	25.00
Edith J. Clapp, Englewood, N. J., Alum. Assn., Presbyterian Hosp., N. Y.....	5.00
Anna E. Greatsinger, Montclair, N. J.....	5.00
Mt. Sinai Hospital Alumnae Association, New York City.....	13.00
Katherine DeWitt, Rochester, N. Y.....	1.00
Frances E. Moore, Plattsburg, N. Y., Alum. Assn. Hosp. St. Barnabas, Newark, N. J.....	5.00
Metropolitan Hospital Alumnae: Mrs. Joyce, \$2, Mrs. Ryerson, \$1, Daisy Smith, \$3.....	6.00
Alumnae Association, Dixmont Hospital, Dixmont, Pa.....	25.00
Ida M. Stuntz, Wihnette, Pa.....	1.00
B. Kramer, Chicago.....	1.00
Total, August 1, 1917.....	\$2,520.39

Disbursements

Application approved No. 1. 30th payment.....	\$10.00
Application approved No. 2. 19th payment.....	5.00
Application approved No. 6. 15th payment.....	15.00
Application approved No. 7. 9th payment.....	15.00
Application approved No. 10. 6th payment.....	15.00
Application approved No. 11. 6th payment.....	10.00
Application approved No. 12. 4th payment.....	10.00
Styles & Cash, books.....	8.50
	<u>88.50</u>
16 Bonds par value.....	16,000.00
2 certificates of stock.....	2,000.00
3 Liberty bonds, par value.....	3,000.00
Balance August 1, 1917.....	<u>\$23,431.89</u>

Contributions for the Relief Fund should be sent to the State Chairman, where one has been appointed, otherwise to Mrs. C. V. Twiss, Treasurer, 419 West 144th St., New York City and cheques made payable to the Farmers Loan and Trust Company, New York City. For information address Elizabeth E. Golding, Chairman, Care American Journal of Nursing, 45 South Union Street, Rochester, N. Y.

M. LOUISE TWISS, Treasurer.

CHANGES IN COMMITTEES

Martha M. Russell has resigned as chairman of the Eligibility Committee, because of absence from the country, and is succeeded by Mathild Krueger; Sarah J. Graham of New Jersey has been added to the Committee. Mary M. Roberts has resigned as chairman of the Programme Committee and is succeeded by Elizabeth Burgess. Alma C. Hogle, Huron Road Hospital, Cleveland, has been appointed chairman of the Arrangements Committee.

ISABEL HAMPTON ROBB MEMORIAL FUND SCHOLARSHIPS

Twelve applications were received for scholarships when the lists were opened again for six weeks. The applications are now being considered by the Committee. The awards will be published in the next issue of the JOURNAL. Several changes were made in the original list of Robb Scholars as published in July, because of the claims of Red Cross work, and the five who are to receive those awards will be: Theresa I. Richmond, Massachusetts; Chloe M. Stewart, Iowa; Mary G. Fraser, Ohio; Grace L. Reid, Ohio; Irene R. English, Minnesota.

SPANISH-AMERICAN WAR NURSES

A notice received too late for the August JOURNAL announces the eighteenth annual meeting, which was held in Boston, August 20, 21 and 22, the first session being held in Faneuil Hall.

ARMY NURSE CORPS

Appointments. Irene Gertrude Truax, graduate of Medico-Chirurgical Hospital, Philadelphia, Pa.; Vesta Skaggs, Keller Hospital, Ironton, Ohio, also superintendent of Kings Daughters Hospital, Ashland, Ky.; (Mrs.) Effie May Whyte, Homeopathic Training School, Pittsburgh, Pa.; assigned to active duty at Walter Reed General Hospital, Takoma Park, D. C. Margaretta Kapphahn, St. Joseph's Training School, Tacoma, Washington; Georgie M. McGuire, Coeur d'Alene Training School, Coeur d'Alene, Idaho; assigned to duty at Letterman General Hospital, San Francisco, Cal. Eleanora M. Perske, Immanuel Hospital, Mankota, Minn.; Mildred Elizabeth Durr, Memphis City Hospital, Memphis, Tenn.; Lula Alma Davis, Mississippi Baptist Hospital, Jackson, Miss.; assigned to duty at Base Hospital No. 1, Fort Sam Houston, Texas. Mildred P. Carter, Methodist Hospital, Guthrie, Okla.; Dorothy B. Seton, Oklahoma Methodist Hospital, Guthrie, Okla.; assigned to Base Hospital No. 2, Fort Bliss, Texas.

Transfers. To Camp Hospital, Fort Deming, New Mexico: Henritta Davidson, with assignment to duty as chief nurse; Rosanna M. King, Grace E. Thompson. To Fort McDowell, Angel Island, Cal.: Josephine E. Hefferman, with assignment to duty as chief nurse. To Plattsburg Barracks, Plattsburg, N. Y.: Hulda Svenson. To Letterman General Hospital, San Francisco, Cal.: Margaret

J. Stevenson. To Department Hospital, Manila, P. I.: Anna Croxson, Anna L. Schultze. To Department Hospital, Honolulu, H. T.: Ada L. Small, Matilda E. Anderson. To Ft. Mills, Corregidor Island, P. I.: Mary F. McLaughlin. To Ft. William McKinley, Rizal, P. I.: Margaret Knierim, with assignment to duty as chief nurse.

Resignations. Elsie C. Dalton, Emily Soule, Emily G. Bovard, Mrs. Laura Hutchins Benson, Esther M. Hottenstein.

Discharges. Nellie I. Culliton, Harriet E. Kingston, Margaret Marie Eby, Ethyl Dumbrille.

RESERVE NURSES—ARMY NURSE CORPS

Assignments. To Base Hospital No. 1, Ft. Sam Houston, Texas, from Newport, R. I., Marion Lusk Wilson, Catherine L. Wev; from Des Moines, Iowa, Florence A. MacRae, Susan C. Jacobs, Julia A. Close, Alice L. McMullen, Sara A. McMullen, Marianne Zichy. To Mobilization Camp, Syracuse, N. Y., from Pittsburgh, Pa., Myrtle Claypoole, Anna Zella Snyder; from Bangor, Maine, Maud Blanche Arnold; from Augusta, Maine, Mary Esther Lowell. To Ft. Bliss, Texas, from Littleville, Mass., Eva May Fiske; from New Haven, Conn., Belle Elizabeth Andrews. To Ft. Oglethorpe, Ga., from New York, New York, Cecilia Elish; from Clifton, N. Y., Susan Black; from Paterson, N. J., Bethy Schroder; from Taunton, Mass., Ellan S. Taylor; from Birmingham, Ala., Mary Denman; from Cincinnati, Ohio, Clara Schmees. To Camp Hospital, Fort Deming, New Mexico, from Peoria, Ill., Bessie E. Moore, Myrtle M. Douglas, Barbara E. Glover, Maud Bradley, Elizabeth Morrison, Agnes A. Newbold, Letha Smith, M. Belva Sturm, Effie H. Taylor. To Army and Navy General Hospital, Hot Springs, Ark., from Buffalo, N. Y., Jessie W. Delane; from Kansas City, Mo., Dana E. Kent. To Plattsburg Barracks, Plattsburg, N. Y., from Rochester, N. Y., Elizabeth Carleton, Jennie Dickens Gomm, Frances Ruth Trimby, Louise A. Smith, Iva M. Johnson. To Base Hospital No. 3, Brownsville, Texas, from Jacksonville, Fla., Edna M. Morrison, Josephine Rugg, Elizabeth Williams; from Welborn, Fla., Lela Gregory.

To U. S. Army Base Hospital No. 10 (service in Europe) from Pennsylvania Hospital, Philadelphia, Pa.: Lillian M. Adams, Ella Boner Bartlett, Sarah C. Bell, Mary E. Brown, Clara Louise Cole, Angele Dardenne, Sara Detwiler, Marie C. Eden, Leta M. Edwards, Florence M. Hershberger, Nellie C. Inman, Elamina R. Kreamer, Imogene D. Lloyd, Lucile Mast, Jane Maxwell, Bessie A. Metz, Anna Dean Murphy, Margaret McCombe, Anna M. McElheny, Susan McNichol, Addie Smith.

To U. S. Army Base Hospital No. 4 (service in Europe) from Lakeside Hospital, Cleveland, Ohio: Gertrude E. Schmaitter, M. Adelaide Alden, Elizabeth R. Bidwell, Emily E. M. Colquhoun, Florence B. Horner, Helen R. Landfear, Alice M. Lawson, Nellie Levering, Eleanor M. Loomis, Laura E. Miller, Mary Helen Nelson, Ruth F. Paddock, Edith R. Parrish, Joan W. Quinn, Cassie B. Salisbury, Ellen D. Stitt, Clara M. Widdefield.

To U. S. Army Base Hospital No. 21 (service in Europe) from St. Louis, Mo.: Mabel Grey, Edna E. Alley, Emma C. Ammon, Frances M. Ashford, Elsie M. Aspelmier, Helene M. Baker, Estelle Y. Burch, Margaret B. Conochie, Ella V. Estes, Edith Mae Ferguson, Mary E. Gardner, Ruth E. Hamill, Bessie F. Hopkins, Mary O. Hutchinson, Byrde E. Keith, May Kelley, Mary E. Hardie, Leona B. Manion, Bertha F. Marlin, Harlan Marshall, Olive A. Meyer, Mary M. McCrie,

Margaret Walker Polloch, Mary E. Rynders, Kathryne I. Slaten, Loretta M. Sunrow, V. Ethel Strange, Retta L. Snyder, Martha E. Zimmerman, Margaret B. Otis, and Mary E. Coleman.

To U. S. Army Base Hospital No. 27 (service in Europe) from Mercy Hospital, Pittsburgh, Pa.: Blanche S. Rulon, chief nurse, Marjorie Aaron, Elva L. Alt, Mary Beare, May A. Blair, Kathryn C. Beatty, Florence Blanchfield, Cora Bridge, Nell Brink, Winifred S. Browne, Helen T. Burrey, Anna K. Brosman, Anna Claypoole, Dorothy L. Cole, Nellie G. Cooke, Edna G. Cooper, Katherine M. Creedon, Eleanor M. Crosby, Adelaide Cushing, Madeline M. Criste, Hazel V. Crawl, Lillian V. Davis, Mary A. Davis, Mary M. DeLozier, Nancy Ditty, Anna E. Driver, Nell Fahey, Edna E. Flick, Mary E. Hallisey, Ella Hammond, Ida B. Hoffman, Margaret Ellen Hollar, Ethel Horner, Mary Agnes Kearns, Kathleen Hickey, Grace E. John, Edna E. Jones, Edith G. Kurtz, Florence L. Laird, Eleanor L. Laird, Eleanor B. Martin, Mary S. Mitchell, Matilda M. Miller, Lucille Mulvehill, Frances C. Murray, Margaret F. MacIlvar, Caroline C. McCoy, Alberta E. McKeever, May Maloney, Helen McMahon, Rose McMahon, Jeanette Mechling, Grace P. O'Donnell, Nora F. O'Neill, Edith C. Parker, Sue M. Schmader, Cecilia Schnupp, Anna M. Sheridan, Ellen M. Sweeney, Cora Muriel Taylor, Canzonette K. Swank, Katherine H. Wisecarver, Blanche Wisecarver, Cora Yeager, Sarah R. Thompson.

Transfers. To Ellis Island, N. Y. for mobilization to await transportation to Europe for duty with U. S. Army Base Hospital No. 10: Mary V. Benton, Bertha G. Blessing, Ida E. Fretz, Lizzie Holmes, Elsie L. Miller, Ethel L. Malcolm, Edith H. Shaw, Irene Whitman, Caroline K. Woltemate.

Relief from Active Service. Reserve Nurses, Army Nurse Corps, relieved from active service in the military establishment: Emma Anderson, Lilly A. Anderson, Josephine Ballou, Caroline R. Bauer, Annie M. Colquitt, Margaret Cumming, Catharine M. Dalton, Margaret H. De Noyer, Stella M. Du Vall, Virginia P. Gibbes, Clara M. Fiechter, Mary Miltenberger Fansher, Katharine Kerr, Mary E. Heberlig, Sara Ethel Kollman, Dora V. Krebs, Mary A. Law, Rose A. Morris, Augusta Olson, Nina L. Axley, Esther M. Rose, Elizabeth Tate, Ruth M. Tuers, Alma Struthoff, Sara V. Sutherland, Rubie L. Venable.

Mail for nurses on duty with base hospitals in Europe should be addressed:
(name), Army Nurse Corps, U. S. Army Base Hospital No.—,
American Expeditionary Forces, France.

The following has recently been added to Army Regulations:

As regards medical and sanitary matters and work in connection with the sick, members of the Army Nurse Corps and Army Nurse Corps Reserve are to be regarded as having authority in matters pertaining to their professional duties (the care of sick and wounded) in and about military hospitals next after the officers of the Medical Department, and are at all times to be obeyed accordingly and to receive the respect due their position.

DORA E. THOMPSON, Superintendent, Army Nurse Corps.

Alabama.—THE STATE BOARD FOR THE EXAMINATION AND REGISTRATION OF NURSES will hold an examination for the registration of nurses, October 26 and 27, in Birmingham. Application blanks may be procured from the secretary-treasurer, Helen MacLean, 2430 North 11th Avenue, Birmingham, and are due

to be filed at least fifteen days prior to the date of examination. This is the first written examination to be held by the State.

Arkansas.—THE ARKANSAS STATE BOARD OF NURSE EXAMINERS will hold its regular semi-annual meeting at the State Capitol, Little Rock, October 2 and 3. THE ARKANSAS STATE GRADUATE NURSES' ASSOCIATION will hold its annual meeting in Little Rock, October 4 and 5.

California.—THE CALIFORNIA STATE NURSES' ASSOCIATION held its fourteenth annual convention in San Diego, July 5-7, with forty-nine delegates and one hundred visitors attending. Red Cross work, here, as in all Association work this year, was uppermost in the discussion. The following papers were presented: Mental Hygiene, prepared by Dorothy Valentine, read by Mrs. M. A. Waterman; Legislation in Relation to Nursing, by Anna C. Jammé; Tuberculosis, written by Edna Porter, read by Augusta Sellander; The Private Duty Nurse, written by S. Gotea Dozier, read by Julia H. Taylor; Work of the League of Nursing Education, Elizabeth Hague; Materia Medica and Solutions, Signa E. Lindquist. An interesting afternoon was that devoted to Public Health work, Mary I. Cole, leader. Mr. Sloane, of Pasadena, spoke of the requirements for Red Cross work, giving much practical instruction; Alma E. Wrigley and L. L. White discussed the Red Cross Nursing Service. The following officers were chosen: president, Louise Groth; vice presidents, Lillian E. White, Daisy M. Hanson; secretary, Mrs. Julia H. Taylor; treasurer, Clara A. Saunders; directors, Augusta Sellander, Alma E. Wrigley, Grace Stevens. The next convention will be held in Fresno. **San Diego.**—THE AGNEW HOSPITAL ALUMNAE ASSOCIATION entertained the graduating class at a luncheon given at Rudder's Grill, on June 11. The graduating exercises were held the following evening; Lieutenant E. A. Swanson, U. S. N., gave the address and Dr. V. G. Clark presented the diplomas to the eight graduates. A reception and dance followed. At the request of the class, the exercises were held at the Wednesday Club instead of the U. S. Grant Hotel, as has been the custom, and the difference in the price was given to the Red Cross. E. Burdena Johnston, night supervisor of the hospital for several months, has resigned her position and assumed the duties of industrial nurse with the Hercules Powder Company at Chula Vista. Anna Lois Favel, class of 1917, is acting as night supervisor during the summer months.

Canada.—THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES held a convention in Montreal, in June, and elected the following officers: president, Jean Gunn, Toronto; vice presidents, Miss Fairlie, Montreal, and M. F. Gray, Winnipeg; secretary, E. Johns, The Children's Hospital, Winnipeg; treasurer, H. DesBrisay, Montreal; councillors, the Misses Randal, Hersey, Gilroy, Dickson, Browne and Potts.

Florida.—THE FLORIDA STATE BOARD OF EXAMINERS OF NURSES will hold examinations at St. Vincent's Hospital, Jacksonville, beginning Monday, October 29th and continuing through the 30th, two days. Ten questions will be given on each of the following subjects: Anatomy and physiology, gynecology and surgical technique; hygiene, sanitation and communicable diseases; obstetrics; dietetics; medical nursing; materia medica; practical nursing; children's diseases and infant feeding; nursing ethics. All applications of candidates for examinations must be made not later than October 15, 1917. Irene R. Foote, secretary-treasurer, Box 763, Daytona, Fla.

Idaho.—THE IDAHO STATE BOARD OF EXAMINATION AND REGISTRATION OF Graduate Nurses will hold examinations for nurses desiring to register, on

September 11 and 12, at the Old Capitol Building, Boise. Applications must be received five days prior to date of examination, and should be filed with Mariet W. Sawyer, secretary and treasurer, Boise.

Illinois.—THE DEPARTMENT OF REGISTRATION AND EDUCATION succeeded, on July 1, 1917, to the powers and duties vested by law in the Board of Nurse Examiners. There has been no change in the law regulating the registration of nurses. The "Board of Nurse Examiners" is abolished. In lieu thereof, there will be a committee of nurse examiners consisting of five persons with the same qualifications as in the past. The duties of this committee will be to hold examinations and establish a uniform standard of maintenance, instruction and training to be observed by all schools for nurses which are to be deemed reputable and in good standing. The inspection of schools for nurses will be continued along the same lines as heretofore. The superintendent of registration will have charge of matters pertaining to filing of applications, and the general administration of the law. **Chicago.**—THE CHICAGO LYING-IN HOSPITAL AND DISPENSARY formally opened its new building at 426 East Fifty-first street, for inspection, on the last four days of July.

Kansas.—THE STATE EXAMINING BOARD met in Topeka, the first week in July, when the following officers were chosen: president, E. J. Eason, Kansas City; Secretary-treasurer, Sister Mary Helena, St. Barnabas Hospital, Salina.

Maryland.—THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for state registration October 9, 10, 11 and 12, 1917. All applications, including those for re-examination, must be filed with the secretary on or before the twentieth day of September. Mary Cary Packard, 1211 Cathedral Street, Baltimore, Md.

Massachusetts.—THE MASSACHUSETTS STATE ASSOCIATION, through its council, has appointed a committee to undertake the survey of the nursing resources of the state, as requested by the American Nurses' Association acting under instruction from the General Medical Board of the Council of National Defense. The members of the state committee are: Dr. Laura A. C. Hughes, chairman and acting president, Mary E. P. Davis, Mrs. Alice H. Flash, Mrs. Wm. E. McNamara and Mary M. Riddle. THE HARVARD UNIVERSITY SURGICAL HOSPITAL, known as General Hospital Number 22 is being re-enforced by small units of graduate nurses. The nurses now sign up for service to the end of the war. Some of the nurses who have left this unit have gone to the American Ambulance in Neuilly, to Paignton, England, to London, to Malta, or to Salonica. ETHEL SHARPLEY, class of 1891, Boston City Hospital, and Bessie M. MacMullin, class of 1904, Massachusetts General Hospital have received appointments on the staff of social service workers of the City hospital. **Boston.**—THE ALUMNAE ASSOCIATION OF THE NEW ENGLAND HOSPITAL FOR WOMEN AND CHILDREN held its annual meeting at the Boston Nurses' Club, in June. The officers elected for the year are: president, Drusilla Hodgins; vice president, Sarah Beatty; secretary, Maud Smart; treasurer, Lena M. Fiske. A social hour followed. JOSEPHINE GORDON, class of 1895, Massachusetts General Hospital, who enlisted under the Canadian Red Cross in 1915, and was over a year in the Malta Hospitals, has returned to this country for a rest. She will go back if her services are needed. THE COLLEGE OF BUSINESS ADMINISTRATION, Boston University, gave a special summer course in Industrial Nursing and Employment Service to graduate nurses. This course covered five weeks and was under the direction of Mrs. William E. Macnamara, a graduate of the Boston City Hospital, and Investigator for the State Industrial

Committee. **THE FLOATING HOSPITAL** has been doing good work this summer. In an emergency due to a strike of the deck hands, six Jackies from the Charlestown Navy Yard manned the Hospital boat for some days. In spite of the unrest due to Labor Unions, war and other conditions, the spirit of helpfulness seemed to be in the air, for a communication came to the manager of the Hospital from a Marine Association, offering the services of six sailors, for forty-eight hours without pay, when needed to help out. **THE BOSTON NURSES' CLUB MEMBERS** have been busy all summer. One or two large cases of supplies have been sent each month to the McGill Unit Hospital, besides dozens of personal packages and boxes to Casualty Clearing Stations and to individual soldiers and nurses. **Lowell.**—**CLARA E. HOLLAND**, class of 1902, Boston City Hospital, the Superintendent of Visiting Nursing has now on her staff a French nurse and a Greek nurse. The Greek nurse is one of the young women sent to this country by Queen Helene. She is a graduate of the New England Hospital for Women and Children, has also taken the course in Public Health Nursing. The postgraduate work among the women and babies of her own people will make her services very valuable when she returns to take up public health work in Greece. The supervision of the city playgrounds has been added to Miss Holland's duties. She was granted a year's leave of absence when the Boston City Hospital Unit is mobilized for foreign service. **Ipswich.**—**THE BENJAMIN STICKNEY CABLE MEMORIAL HOSPITAL** was dedicated on August 4 and was opened for patients on the 6th. It is the gift to the town of Mr. and Mrs. Richard T. Crane, Jr. **Newton Lower Falls.**—**ELLEN C. YANCEY**, class of 1896, Boston City Hospital has been appointed Instructor of Probationers at the Newton Hospital.

Minnesota.—**THE MINNESOTA BOARD OF EXAMINERS OF NURSES** will hold the next state board examination in St. Paul, at the State Capitol, October 5 and 6, 1917. **Dora M. Cornelisen**, secretary, 803 Lowry Building, St. Paul.

New York: New York City.—Every New York nurse should avail herself of the privilege of visiting the Columbia and Rockefeller War Hospitals. The Columbia War Hospital, of which Dr. Francis Carter Wood, the Director of cancer research, Columbia University, gave such an interesting account upon the occasion of the last meeting of the New York County Registered Nurses' Association, is located on Columbia Oval, near the Montefiore Home, reached by the subway to 207th St., then the 207th cross-town surface car to Jerome Avenue car, to Bainbridge Avenue and Gun Hill Road. The hospital was located there because of the high ground and accessibility by land and water, the latter being a valuable consideration if troops are brought from abroad. This portable hospital can be rapidly assembled and disassembled. It is estimated that the thirty-eight buildings, (the operating-room, kitchen, laundry, and supply-rooms are of steel; all the others such as wards, mess-rooms, and staff-rooms of wood), can be disassembled and packed for shipment in three days, ready for erection elsewhere. The hospital grew out of the realization of the lack of adequate beds in New York City even in times of peace, and the situations to arise just as soon as troops were debarked here for convalescence and treatment. Dr. J. Bentley Squier and a small group of physicians formulated the plan which included the establishment of the hospital, and the training of surgeons and nurses in military hospital technique. The Rockefeller War Hospital, situated at Sixty-fourth Street and Avenue A, is composed of 100 beds and is designed for patients with infected wounds, on whom will be used the Carrel-Dakin treatment so successfully used in the military hospitals in France, and already used in this country

with wonderful results. Like the Columbia, this hospital is of portable house unit construction formed of panels. Two hinged panels at the sides of the wards swing out in the event of fire. Windows are arranged with the lower sashes fast, and the upper on a swivel, with draft checks. Charles Butler, who designed the hospital, has made an extensive study of the hospital units of England and France, and has endeavored to embody the last word in construction, lighting, heating, care and service; the plant includes an isolating pavilion and each ward is provided with a quiet room. A terrace, where the patients' beds may be wheeled, will be a great factor in expediting convalescence. THE NEW YORK COUNTY REGISTERED NURSES' ASSOCIATION at its last meeting for the season appointed a committee on Red Cross work, this committee having authority to act for the County Association in patriotic directions. As its first bit of work the committee called a general patriotic and Red Cross meeting in June, held in the Sage Foundation Building, which was filled to its capacity and more, many being turned away. Major George Haven Putnam, president of "The American Rights League" and a Civil War veteran, addressed the gathering. Other speakers were: Jane A. Delano, Mrs. John Francis Langer, president of the New York City Federation of Women's Clubs; Mrs. Belmont Tiffany of the New York County Chapter of the American Red Cross; Caroline C. Van Blarcom, representative of the Nursing Service for the New England States and the Atlantic Division; and Annie W. Goodrich, president of the American Nurses' Association. The United States Junior Naval Reserves were the guests of the County. The Committee has registered the County Association as an auxiliary of the New York County Chapter and would ask all the members of the Association to make note of the number of enrollments obtained so that a report may be made at the County meeting to be held in October. One member has about 175 to her credit; another was one of two to obtain \$12,000 in the campaign made for the Red Cross. The Red Cross Committee held an interesting meeting at Lebanon Hospital on August 9. Enlistments were made, as well as enrollments in the Red Cross, and promises of aid and personal service were given, not only by the graduates present but by the pupil nurses. ST. LUKE'S ALUMNAE held a meeting on August 2 at the Central Club, Colonel Williams appealed to those present to join the Red Cross and do their part for those who were giving their lives. He was followed by Miss Van Blarcom and by Miss Kiel, who told of her experiences at the front and the need for trained women in such numbers that the nursing might always be done skillfully and accurately. THE DEPARTMENT OF HEALTH is planning for the erection of a new hospital for contagious diseases. It is to be located in the Bronx and is to have a 1000-bed capacity. An entire block on East 233d Street will be occupied by the building. All the latest improvements in hospital construction will be embodied here: An ambulance porch will enable the patient to be removed from the ambulance directly into the hospital; about twenty-four observation rooms with glass sides will afford the doctors and nurses opportunity for observing the patients while waiting for diagnosis and admission; a feature will be the quiet rooms. All of the staff will be housed on the top floor, leaving the lower three stories for the wards and the executive needs of the hospital. ROCHESTER. THE ROCHESTER GENERAL HOSPITAL ALUMNAE ASSOCIATION, on June 12, held its meeting at Highland Park. Mrs. Sherman Clarke spoke to the members of the need of equipment for Rochester Base Hospital No. 19. Responding to this appeal, the Association pledged \$50 for a bed, and also gave \$10 for Red Cross relief work. The members purchased Liberty Bonds amounting to \$900. A picnic was enjoyed

after the meeting. Mrs. Nellie C. Lindsay, class of 1906, has been appointed supervisor of school nurses. Rose Webber, class of 1914, who for the past two years has been connected with the Social Service Department, has resigned to join the staff of the School Nurses. Elizabeth Yaw, has accepted a position with the German-American Button Company.

Pennsylvania.—The fifteenth annual meeting of the Graduate Nurses' Association of the state of Pennsylvania will be held in Scranton, November 7, 8 and 9; headquarters, Hotel Casey. **Washington.**—WASHINGTON HOSPITAL ALUMNAE ASSOCIATION held its annual business meeting at the Hospital, on June 29. It was decided to omit the annual banquet this year, donating \$16 to the Red Cross instead. The election resulted as follows: President, Mary D. Wells; vice-president, Alice Jane Beaver; secretary, Ocie Frye; treasurer, Jennie M. Johnston. The association enjoyed its annual picnic on July 6. **Scranton.**—THE MOSES TAYLOR HOSPITAL held graduating exercises at the nurses' home on July 2. The new addition to the home was opened and dedicated on the same day by Moses Taylor, president of the hospital. The annual meeting of the alumnae association of Moses Taylor Hospital was held at the nurses' home on the evening of July 2, when the following officers were elected for the ensuing year: President, Amanda M. Davis; vice-president, Helen Woodbridge; secretary and treasurer, Lillian M. Kilgus. **Lancaster.**—ST. JOSEPH'S HOSPITAL organized an alumnae Association on July 17, when the following officers were chosen: President, E. Blanche Seyfert; vice-president, Lillian Mumma; corresponding and recording secretary, Mary C. Warner; treasurer, Anna M. Gross. The first annual meeting is called for the first Tuesday in January, 1918.

South Dakota.—THE STATE NURSES' EXAMINING BOARD, created by the bill for the registration of nurses, which was signed by Governor Norbeck, January 24, 1917, includes the following members: Clara S. Ingvalson, Flandreau; Johanna Hegdahl, Redfield; Mrs. Elizabeth Dryborough, Rapid City; and Dr. Park B. Jenkins, Waubay, a member of the State Board of Health. The members of the Board met in Pierre, July 20, to organize, and chose the following officers: President, Clara S. Ingvalson; secretary-treasurer, Mrs. Elizabeth Dryborough. The work of registering the nurses of the state began on August 1. **Watertown.**—THE CODINGTON COUNTY GRADUATE NURSES' ASSOCIATION held its regular monthly meeting at the Chamber of Commerce Rooms, on July 7. The meeting was addressed by Dr. Koren, the topic being, Blood and its Constituents Relative to Health and Disease. At the business meeting held immediately after lecture, the Association adopted a charter or certificate of incorporation. Incorporation laws, by-laws, and registration rules were also adopted. Officers of the old association were re-elected for the remainder of the year as follows: President Lillian Lockwood; vice-president, Augusta Anderson; secretary-treasurer, Margaret O'Connell; directors, Catherine MacDonald, Margaret Milkie, Grace Heslop, Katherine Knowlton. The Association is prepared to meet the requirements of the state, county and national association, to help these associations to better the condition and raise standards of nursing.

Texas.—THE STATE BOARD OF NURSE EXAMINERS OF TEXAS will hold examinations October 3 and 4 in Fort Worth, Texarkana, Temple, San Antonio and Houston. All applications for examination must be filed with the secretary before October 1. Katharine Van Doren, Secretary, Belton, Texas.

West Virginia.—THE ANNUAL MEETING OF THE GRADUATE NURSES' ASSOCIATION OF WEST VIRGINIA will be held at the new Hotel Fairmount, Fairmount, September 25, 26 and 27.

The amended bill for the examination and registration of nurses passed both houses of the Legislature, and was signed by the Governor February 23, 1917. The text of this bill, which went into effect 90 days after passage, is as follows:

AN ACT to amend and re-enact sections twenty-nine-d II, twenty-nine-d III, twenty-nine-d IV, twenty-nine-d V, twenty-nine-d VI and twenty-nine-d VII of chapter one hundred and fifty of the code of West Virginia, relating to the state board of examiners for the examination and registration of nurses, to provide for the appointment of a permanent secretary, and an improved regulation of the examination and registration of nurses.

Be it enacted by the Legislature of West Virginia:

Section 1. That sections twenty-nine-d II, twenty-nine-d III, twenty-nine-d IV, twenty-nine-d V, and twenty-nine-d VI and twenty-nine-d VII of chapter one hundred and fifty of the code of West Virginia be amended and re-enacted so as to read as follows:

Sec. 29d. II. And be it further enacted; that the members of this state board of examiners, shall, in the month of June of each year, organize by electing from their members a president and a treasurer; and shall, in the month of June of each year, elect a permanent secretary, who shall be an experienced graduate nurse duly registered in the state of West Virginia; the salary of the permanent secretary shall be fixed by the board and the board shall provide for the secretary, headquarters, office equipment and such clerical assistance as may be necessary; the duties of the secretary shall be to keep accurately and securely all records of the board, to perform for the board all the customary duties of a secretary, to visit and advise with, on behalf of the board, all of the schools for nurses in the state of West Virginia, to keep a register of the names of all nurses duly registered under this act, which register shall, at all reasonable times, be open to public scrutiny; and to investigate all cases wherein a violation of any of the provisions of this act is suspected and upon probable cause, to file complaint, cause prosecution, and, generally, to act for the board in the enforcement of the provisions of this act; three members of this board of examiners shall constitute a quorum, and special meetings of the board shall be called by the secretary upon the written request of any two members; the said board of examiners is authorized to frame such by-laws as may be necessary to govern its proceedings; and said board shall make, to the governor, for transmission to the legislature, a biennial report of all its receipts and disbursements; the members of the board shall receive four dollars for each day actually engaged in this service, and all legitimate and necessary expenses; said expenses and salaries and the expenses and salaries of the secretary and the secretary's office shall be paid from a fund maintained by the fees received by the board under the provisions of this act; all money received in excess of said salaries and other expenses provided for, shall be held by the treasurer for meeting the expenses of the said board, and the cost of the annual report of the board.

Section 29d. III. It shall be the duty of the said board of examiners to meet at some convenient point within the state not less frequently than once a year, notice of which meeting shall be given in the public press and in one nursing journal one month previous to the meeting; at this meeting it shall be their duty to examine all applicants for registration under this act, and to determine their fitness and ability to give efficient care to the sick; any person successfully passing such examination shall be registered as hereinbefore provided, and shall

receive a certificate from the said board; provided, however, that no applicant shall be examined who has not complied with the provisions of section 29d. IV of chapter one hundred and fifty of the code of West Virginia, as amended and re-enacted by this act; no such certificate shall be considered in force or effect for the purposes of this act unless it be recorded in the office of the clerk of the county court of the county in which the registered nurse, holder of the certificate, is a resident and for recording such certificate the said holder shall pay to the clerk of the county court the sum of fifty cents.

Sec. 29d. IV. No person shall be admitted to examination who has not presented, upon a blank to be provided for that purpose by the board, her application to the board of examiners, at least ten days prior to the date set for the examination; every application shall be accompanied by the payment of a fee of ten dollars (\$10.00), which fee shall not in any case be returnable; no applicant shall be examined who does not first furnish satisfactory evidence that she is at least twenty-one years of age, of good moral character, and that she has had at least one year of high school training, or its equivalent, and that she has been graduated from a recognized school for nurses; *provided, however*, that the applicant shall be eligible for examination if she has so far completed her training in a recognized school, that she is to be duly graduated therefrom within three months from and after the date of the examination, in which case no certificate is to be issued to her until the diploma of her school, duly attested, is presented to the board of examiners and found satisfactory; that a training school, to be a recognized school for nurses, within the meaning, and for the purposes of this act, must be connected with a hospital having a daily average of at least fifteen patients; such school must not send out pupil nurses for private duty; such school must have a three year course of training covering, at the least, the subjects most important and essential, as required by the state board of examiners, which subjects must be taught in a proper manner and under the advisory supervision of the secretary of the board; and such school must not accept applicants who have not had at least one year of high school training, or its equivalent; providing only that if a school for nurses unable to give a full three years' course, but otherwise meeting the requirements of a recognized school, give a two years' course and affiliate for a third year's training with a recognized school for nurses, or affiliate for a third year's training with another two years' school which complements the training of the first by supplying the courses and subjects which the first lacks, a graduate of such affiliated schools shall be considered a graduate of a recognized school; the board of examiners may, without examination as above provided, issue a certificate to any applicant who shall furnish satisfactory proof to the board that she is duly authorized to practice nursing as a "registered nurse" in another state, or in the District of Columbia, provided that the laws of such state or district require qualifications at least equal to those required in the state of West Virginia and provided that the laws of such state or district permit reciprocal rights in this respect to registered nurses of the state of West Virginia; but such applicant must further furnish satisfactory evidence that she intends to remove from that state or district and to reside and practice as a registered nurse in the state, *provided, however*, that such applicant must make due application accompanied by the payment of the statutory fee of ten dollars.

Section 29d. V. A nurse who has received her certificate according to the provisions of this act shall be styled and known as a "registered nurse," and no other person shall assume such a title, or use the abbreviation "R. N." or any

other letters or figures to indicate that he or she is a registered nurse; and no person who has not duly received a certificate from the said board of examiners shall practice professional nursing with the representation that he or she is a registered nurse, or shall advertise to the public as a nurse, without stating that he or she is not a registered nurse, and it shall be unlawful for any drug store proprietor, physician, or other person, to advertise any person as a nurse, or to keep publicly the names of any person upon a record or list of names of nurses, unless such person has been duly granted a certificate to practice as a registered nurse within this state, or unless such advertisement, record, or list, shall state that such person or nurse is "not registered."

Section 29d. VI. That this act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family; and also, it shall not apply so as to prevent any person from nursing the sick for hire, who does not in any way assume to be a registered nurse.

Section 29d. VII. That any person violating any of the provisions of this act, or who shall wilfully make any false representation to the board of examiners, in applying for a certificate, shall be guilty of a misdemeanor, and, upon conviction, shall be punished by a fine of not less than twenty-five dollars, nor more than two hundred and fifty dollars.

Wisconsin.—THE COMMITTEE OF EXAMINERS OF REGISTERED NURSES will hold an examination for state registration on October 4 and 5, at the Hotel Pfister, Milwaukee. For further information, write to Anna J. Haswell, secretary, Madison, Wis. **Kenosha.**—AN INFANT WELFARE SOCIETY has been organized and has established a baby camp, which takes care of twenty-five babies. Uda M. Kervenig, class of 1917, Kenosha Hospital Training School, is in charge.

BIRTHS

On June 15, at Palmer, Mass., a son, to Mr. and Mrs. G. T. Russell. Mrs. Russell was Elizabeth Holden, class of 1910, Boston City Hospital, Boston, Mass.

On July 29, at Medford, Nova Scotia, a daughter, Eloise Marion, to Mr. and Mrs. Lorne Parker. Mrs. Parker was Alice Wood, class of 1914, New England Hospital for Women and Children, Roxbury, Mass.

MARRIAGES

On June 19, Madelyn Cuneo, graduate of Frost Hospital, Chelsea, Mass., to Michele Nigro, M.D. Dr. and Mrs. Nigro will live in Revere.

On June 27, at Dedham, Mass., Jessie May Moulton, school nurse of Dedham, to Ernest N. Cartwright. Mr. and Mrs. Cartwright will live in Dedham.

On June 23, at Agassiz, British Columbia, Adelaide Jeffers, class of 1907, Boston City Hospital, Boston, to Charles Saint.

On May 19, at Medford Mass., Bertha S. Mitchell, class of 1914, Boston City Hospital, Boston, to George Edward Inch. Mr. and Mrs. Inch will live in Somerville, Mass.

At Arlington, Mass., Estella Holder, class of 1915, St. Luke's Hospital, South Bethlehem, Pa., to Clarence B. Gay, M.D. Dr. and Mrs. Gay will live in Fitchburg, Mass.

On June 6, at Plymouth, Ind., Lettie Smith, of Findlay Hospital, to Edward Philip Scharf. Rev. and Mrs. Scharf will live in North Baltimore, Ohio.

On July 18, at Chicago, Ill., Marie Hutchinson, class of 1915, Proctor Hospital, Peoria, to Byron J. Healy. Mr. and Mrs. Healy will live in Kalamazoo, Mich.

On June 9, at Deming, New Mexico, Lenore L. Rall, class of 1911, General Hospital, Kansas City, Mo., to James Earl Hutchinson. Mr. and Mrs. Hutchinson will live in Deming.

On June 20, in Toronto, Canada, Florence Isobel Cober, class of 1915, Clifton Springs Sanitarium, Clifton Springs, N. Y., to Edward W. Garrett, M.D. Dr. and Mrs. Garrett will live in Cleveland, Ohio.

On July 5, Dorothy Atkinson, class of 1916, Massachusetts General Hospital to William Tyler Peabody, Quartermaster in the Massachusetts National Guard.

On July 13, at Plainview, Texas, Helen Nyhus, class of 1912, LaCrosse Lutheran Hospital, LaCrosse, Wis., to E. E. Monzingo. Mrs. Monzingo was surgical nurse at South Plains Hospital. Mr. and Mrs. Monzingo will live at Running Water, Texas.

On June 26, Marie Elvera Rintala, class of 1913, Glenville Hospital, Cleveland, Ohio, to Frank Ward Chapman. Mr. and Mrs. Chapman will live in Austinburg.

On June 26, at Wesleyville, Newfoundland, Lulu Gertrude Bowden, class of 1912, Long Island College Hospital, Brooklyn, N. Y., to John James Houston Evans.

On July 14, at Perry, Ohio, Beatrice M. Atkin, class of 1912, Painesville Hospital, Painesville, Ohio, to J. W. Golding. Dr. Golding has received a commission as First Lieutenant in a Dental Corps.

On July 6, at Great Falls, Mont., Mary Catherine Very, class of 1904, Norton Memorial Infirmary, Louisville, Ky., to George William Konshok. Mr. and Mrs. Konshok will live in Lovejoy, Mont.

On May 22, at Portland, Ore., Marie Aebisher, class of 1896, Illinois Training School, Chicago, to George Hazelton Johnstone. Mr. and Mrs. Johnstone will live in Ashland, Ore.

On May 5, Charlotte Edberg, M.D., class of 1913, Illinois Training School, Chicago, to N. S. Miller. Mr. and Mrs. Miller will live in Chicago.

Recently, at Little Rock, Ark., Laura Bieber, class of 1916, Illinois Training School, Chicago, to Lewis E. Robinson.

Recently, at Albany, N. Y., Helen M. Dillehunt, class of 1915, Illinois Training School, Chicago, to A. T. Schermerhorn.

DEATHS

On March 16, at her home in Lancaster, Pa., following an operation, Katharine E. Cramer, class of 1893, Philadelphia General Hospital, Philadelphia. Miss Cramer did active work until three months before her death.

On July 19, after an illness of three months, Mrs. J. A. Brown, formerly Mary Frances Brown, class of 1912, Grace Hospital, Detroit. Mrs. Brown was deeply interested in her profession and will be greatly missed by her friends, while to her family her loss is beyond words.

On July 10, in a hospital on Antigua Island, British West Indies, Avis Crawford, class of 1916, Clifton Springs Sanitarium, Clifton Springs, N. Y. The shock of Miss Crawford's death was keenly felt among her friends who only ten days previous had wished her Godspeed on her voyage home to Barbadoes, British West Indies. After carrying off honors in both her class and the Regents'

examinations, and having completed a successful and hard year of work on private duty, the seasickness of her voyage aggravated the weakness of an overstrained heart and to this, death was due.

On July 17, Adelaide Campbell, class of 1915, Orange Memorial Hospital, Orange, N. J., was drowned while boating on the St. Lawrence River, Leek Island, in the Thousand Islands. Miss Campbell was serving with other nurses in the Hospital for Canadian wounded, turned over to the government by Ira A. Kipp of South Orange. Miss Campbell was with another nurse and an invalided soldier. The boat capsized and Miss Campbell was drowned before help could reach her.

TOO LATE FOR CLASSIFICATION

MASSACHUSETTS EXAMINATION

The Massachusetts Board of Registration of Nurses will hold an examination for applicants for registration on Tuesday and Wednesday, October 9 and 10, 1917, at Boston, Mass. Application for any examination must be filed at least five days before the examination date.—WALTER P. BOWERS, M.D., *Secretary*.

BOOK REVIEWS

PRINCIPLES OF MEDICAL TREATMENT. By George Cheever Shattuck, M.D., Assistant Physician to the Massachusetts General Hospital. Third edition revised and enlarged. W. M. Leonard, Boston, Mass. Price, \$1.50.

Doctor Shattuck has treated an intricate subject in an original manner, which is especially notable when the extreme brevity of the work is considered. This, however, has not detracted from its success. Written primarily for the use of medical students, former editions have found favor with practitioners, and nurses have found, and will continue to find, much valuable help from the book.

REST, SUGGESTION AND OTHER THERAPEUTIC MEASURES IN NERVOUS AND MENTAL DISEASES. By Francis X. Dercum, A.M., M.D., Professor of Nervous and Mental Diseases in the Jefferson Medical College, Philadelphia; second edition. P. Blakiston's Son and Company, Philadelphia. Price, \$3.50.

This book requires careful reading as all the different forms of real and imaginary mental disturbances are considered as affected by rest. It contains many references to old-time beliefs as to what were the causes of mental aberration, and their treatment.

THE STARVATION TREATMENT OF DIABETES, WITH A SERIES OF GRADUATED DIETS. By Lewis Webb Hill, M.D., Junior Assistant Visiting Physician, Children's Hospital, Boston; and Rena S. Eckman, Dietitian, Massachusetts General Hospital, Boston, 1911-1916. With an introduction by Richard C. Cabot, M.D. Third edition, W. M. Leonard, Boston. Price, \$1.00.

Any nurse who has been suddenly called to care for a patient suffering with diabetes immediately begins to think of the diet. If she is fortunate enough to possess a copy of the "*Allen*" *Starvation Treatment* of the disease much of her concern will disappear. The diet is always of such importance, is of such deep interest to the patient, who is likely to feel abused at the necessary restrictions, that the attractive recipes and diet tables would be of great assistance. The recipes need not, however, be confined to those ill with diabetes. Would not this appeal to anyone? "Tomato Basket of Plenty: Cut a medium-sized tomato in shape of a basket, leaving stem end on top of handle. Fill

basket with cold string beans cut in small pieces and two halves of English walnut meats cut in pieces, moistened with French dressing. Serve on lettuce leaf." The names of many diabetic foods are familiar to nurses. These foods have been analyzed at the Connecticut Agricultural Experiment Station, and many of them have been proved to be undesirable for patients with diabetes. These analyses are given in this book.

STATE BOARD QUESTIONS AND ANSWERS FOR NURSES. Being the actual questions submitted at the examinations of 31 state examining boards for nurses, with answers. Compiled and edited by John Foote, M.D., Washington, D.C. J. B. Lippincott Company, Philadelphia, Pa. Price, \$2.50.

The preface of this book contains Dr. Foote's acknowledgment of the assistance which was given him by two nurses, and also mentions many well-known books as authority. This is the only book of the kind, and it will undoubtedly be of great help to those preparing for examinations, either as an examiner or as one to be examined. It is very complete and contains a valuable store of information.

FIRST LESSONS IN SPOKEN FRENCH FOR DOCTORS AND NURSES. By Ernest H. Wilkins, Algernon Coleman and Ethel Preston. University of Chicago Press, Chicago, Ill. Price 50 cents, postage 4 cents.

This little book of thirty-six lessons gives, in condensed form, vocabularies in use in hospitals and hints in regard to construction and pronunciation. It would be difficult for anyone to learn French pronunciation without a teacher, but after she has had a few lessons in spoken French, a nurse might learn much from this volume, while one who had formerly studied academic French, would find it invaluable in giving her the sick-room terms omitted from the usual text-books. For instance, the vocabularies cover parts of the body, articles of food, pieces of the uniform, symptoms, questions which one might wish to ask or to answer. The book is small, light in weight and is bound for service.

HANDBOOK OF GYNECOLOGY FOR STUDENTS AND PRACTITIONERS. By Henry Foster Lewis, M.D. and Alfred de Roulet, M.D. 177 illustrations. C. V. Mosby Company, St. Louis.

A volume for physicians and medical students, but of use as a reference book for nurses.

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